

National Tax & Accountants' Association Ltd.

ABN: 76 057 551 854

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# New Membership Subscription Form

## PERSONAL/BUSINESS DETAILS (please use block letters)

Title:  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Business Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Age Group:  18 – 30  31 – 40  41 – 50  51 – 60  61+

Membership Type:  Individual  Organisation

## PAYMENT

I wish to pay by credit card \$385.00 (incl. GST)

Mastercard  Visa  American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

I enclose a cheque made payable to NTAA for the amount of \$385.00 (incl. GST)



Email to:  
[ntaainfo@ntaa.com.au](mailto:ntaainfo@ntaa.com.au)



Post to:  
NTAA  
29 – 33 Palmerston  
Crescent  
South Melbourne  
VIC 3205



Phone:  
(03) 9209 9999

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## MEMBER PROFILE

(please fill out the information below so that we can better tailor our products and services to your needs)

### 1. Which of the following best describes your business or employment?

- |                         |                          |   |                          |
|-------------------------|--------------------------|---|--------------------------|
| A. Registered Tax Agent | <input type="checkbox"/> | E. Industry   | <input type="checkbox"/> |
| B. Financial Planner    | <input type="checkbox"/> | (e.g. Financial Controller, Payroll Officer,<br>Accounts Clerk, HR Executive) |                          |
| C. Lawyer               | <input type="checkbox"/> | F. Other:   | _____                    |
| D. Contract Bookkeeper  | <input type="checkbox"/> |   |                          |

### 2. If you described your business in question 1 as A, B, C or D, how many partners, directors or principals are there?

- 1       2       3       4       5       6+

### 3. If you described your business in question 1 as A, B, C or D, how many professional employees does your business have?

- 1 – 4       5 – 10       11 – 20       21 – 30       31+

### 4. Are you a member of any other bodies/associations?

- |   |                          |              |
|---|--------------------------|--------------|
| CPA Australia                                   | <input type="checkbox"/> |              |
| Chartered Accountants Australia and New Zealand | <input type="checkbox"/> | Other: _____ |
| Institute of Public Accountants                 | <input type="checkbox"/> | _____        |
| The Tax Institute                               | <input type="checkbox"/> | _____        |
| Tax & Super Australia                           | <input type="checkbox"/> |              |
| Association of Tax & Management Accountants     | <input type="checkbox"/> |              |

### 5. Please nominate a contact name to receive communications from the NTAA:

\_\_\_\_\_

### 6. Please nominate an email address to receive communications from the NTAA:

\_\_\_\_\_

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#### Privacy:

The NTAA understands that you value your privacy and wish to have your personal information kept secure. You can view the full text of our Privacy Policy and Collection Notice on our website (<http://ntaa.com.au/privacy>).