



TAX PRACTITIONERS' ASSOCIATION, INDORE

Room No. 17, Ground Floor, Aaykar Bhawan (Main Building) Opposite White Church, Indore (M.P.)
Phone : 0731-2499199, Email : tpaindore1@gmail.com www.tpaindore.com

MEMBERSHIP FORM

Please paste
a Passport size
recent photo
and attach one
additional photo

The Executive Committee
Tax Practitioners' Association,
INDORE

Dear Sirs,

I hereby apply for membership of the Association, Indore (TPA). My relevant particulars are as below :
(Please use CAPITAL letters)

1. Mr./Mrs./Ms. _____
Surname _____
Father's/Husband's Name _____
Date of Birth _____ Blood Group _____
2. Professional Qualification _____
3. Membership No. of ICAI/ICWAI/ICSI/Others _____ Since _____
4. Area of Practice _____
5. Firm Name _____ Proprietor Partner
Office Address _____
_____ INDORE Pin _____
Email ID : _____
Tel. No. : _____ Mob. No.: (1) _____ (2) _____
GSTIN (If any) _____ PAN _____
6. Residence Address _____
_____ Pin _____
Email ID _____ Tel. No. : _____

I agree to abide by the rules & regulations of the TPA. I hereby state that I fulfill requirements to be a member of TPA and I am practicing in Indore. I shall inform changes in any of the information provided in this form.

Signature _____

We know the applicant since _____ years and confirm above professional details.

Proposed by:

Name _____

Sr. No. in TPA Directory _____

Signature _____

Mobile : _____

Seconded by:

Name _____

Sr. No. in TPA Directory _____

Signature _____

Mobile : _____

MEMBERSHIP FEES

Entrance Fees (Non Refundable and including GST)

Rs. 3000/- (Three Thousand only)

Annual Maintenance Fees

Rs. 1800/- (One Thousand Eight Hundred Only)

Cheque / DD No. : _____ Date : _____ Bank _____

for Rs.4800/- (Four Thousand Eight Hundred) drawn in favor of "Tax Practitioners' Association, Indore"

NOTES

1. Please write / type in CAPITAL letters.
2. The form should be completed in all respects. Only Tax Practitioners having professional practice in INDORE should apply.
3. The membership application is subject to acceptance by the Executive Committee
4. List of documents to be attached (please tick ✓):
 - (A) Cheque / DD of Rs.4800/- (Four Thousand Eight Hundred)
 - (B) Proof of Professional Practice/Qualification (any one of the following)
 - (i) COP issued by ICAI / ICSI/ ICWAI / Bar Council.
 - (ii) Registration by Income Tax or GST Dept.
 - (iii) Documents in support of Tax Practice.
 - (C) Proof of Professional address (any one of the following) :
 - (i) GST Reg./ICAI / Membership Card
 - (ii) Telephone / Mobile bill / Electricity Bill / Rent Receipt of office.
 - (iii) Other (Please specify) _____
 - (D) 2 Passport size recent photographs.

FOR OFFICE USE ONLY

Checked by _____ Membership Committee _____

Accepted by the E. C. in the Meeting held on _____

Issued Receipt No. _____ Date _____ For Rs. _____

Membership No.

Signature President

Signature Treasurer

Remarks :