



THE WESTERN MAHARASHTRA TAX PRACTITIONERS' ASSOCIATION

Yadav Vyapar Bhavan, Shivaji Road, 602, Shukrawar Peth,

Pay Taxes • Not Less • Not More Pune 411 002 Phone : 020-2447 0237. GST No. 27AAATT1337P1Z3

For Office use only		
Receipt No.	Date	Membership No.
Dues of Introduce Member Yes / No Rs. _____		
Accepted By the Managing Committee in the meeting held on		
Date		Signature

APPLICATION FOR MEMBERSHIP

To,
The Secretary,
The Western Maharashtra Tax Practitioners Association,
Yadav Vyapar Bhavan, Shivaji Road,
602, Shukrawar Peth, Pune 411 002.

Date: _____

Please Affix
Your Recent
Passport Size
Photograph

Dear Sir,

Being eligible to practice under the Income Tax/ Sales Tax and Allied Laws. I/We hereby apply for admission as a member of THE WESTERN MAHARASHTRA TAX PRACTITIONERS' ASSOCIATION with the following particulars :

PERSONAL DETAILS

1] Full Name: (Block Letters)			
Surname	First Name	Middle Name	
2] Office Address:			
3] Residential Address:			
4] Phone Nos. : (with STD Code)	Office : 1)	Fax :	
	2)		
	Mobile :	Residence :	
5] E-mail ID :-	1)		
	2)		
6] Address for correspondence : (Please Tick)	Office	Residence	
7] Date of Birth :			
8] Age :	yrs	Sex:	Male Female

EDUCATIONAL QUALIFICATION

1] Educational Level : B.Com :	M.com. :	C. A. :	
LL.B. :	Any Other :	(Please Specify)	
Year of Passing the above Examination's:			
2] Professional Level : Advocate :	C. A. :	S.T.P. :	I.C.W.A. :
Company Secretary:	I.T.P. :	Any Other :	(Please Specify)
Membership / Roll / Enrolment No issued by the respective Institutes:			
Name of Institutes / Issuing Department:			

DETAILS ABOUT PRACTICE

1] Date of Starting Practice:									
2] I Practice in the following area :	Income Tax :		VAT :		Service Tax :				
Excise :		Auditing :		Custom :		Any Other :			

DETAILS OF PAYMENTS

Enclosed herewith please find a cheque / D.D. / Cash of Rs. _____ (Rupees _____)

Vide Ch. No. _____ Dated _____ Drawn on _____

Bank _____ Branch for the following.

Membership Fees (G.M. / L.M.)	Rs	
Entrance Fees	Rs	
Bulletin Fees	Rs	
Total	Rs	

Note : 1] Cheque / Draft should be drawn in favour of "The Western Maharashtra Tax Practitioners Association"

2] Out station payment only by Demand Draft Payable at Pune.

INTRODUCED BY

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Surname

First Name

Middle Name

(Name of the introducing WMTPA Member)

Address :

Membership No. of W.M.T.P.A. GM _____ / LM _____

Remark by Introducing Member (if any) :

I hereby declare that no fees are outstanding with me.

Signature

VERIFICATION BY THE APPLICANT

I _____ do hereby declare that whatever stated herein above is true & correct to the best of my knowledge and belief. I also undertake to abide by the rules Regulations and constitutions of the Associations as amended from time to time.

Thanking you,
Yours Faithfully

Signature
(Applicants Name)

Encl. 1) Cash / Cheque / Draft as above 2) Xerox copies of educational qualifications.
3) Practice Certificate Xerox copies - STP/ITP/Advocate/C.A./Declaration with Affidavit etc.

MEMBERSHIP FEES

MEMBERSHIP FEES :	Life Member Rs 7500.00 + GST 18%	General Member Rs 1000.00 + GST 18%
	Entrance Fees Rs 101.00 + GST 18%	Bulletin Fees Rs 500.00
YEARLY SERVICE CHARGES FOR BULLETIN Rs. 500/- (For all Members)		

STATUS OF MY MEMBERSHIP

Individual Membership: _____ Firm Membership: _____

In case of Firm Membership the following person is nominated to represent the firm.

Surname

First Name

Middle Name

OTHER DETAILS

1] My Blood Group : A B O AB Rh+ve Rh-ve

IMPORTANT NOTE : FORM WILL NOT BE ACCEPTED IF ANY REQUIREMENT AS MENTIONED ABOVE IS NOT FULFILLED BY APPLICANT.