



# ALL GUJARAT FEDERATION OF TAX CONSULTANTS

Office No. 114, Income Tax Office, 1st Floor, Narayan Chambers, Nr. Nehru Bridge, Ashram Road, Ahmedabad - 380 009. Phone : 2657 5612 E-mail : president@agftc.org.in Web : www.agftc.org.in

## APPLICATION FORM FOR MEMBERSHIP

Sr.No. \_\_\_\_\_

To,  
**The Hon. Secretary,**  
**All Gujarat Federation of Tax Consultants,**  
**Ahmedabad.**

Dear Sir,  
I/We desire to become Individual / Institutional / Life Member of the Federation and I / We agree to abide by the rules and regulations of the Federation in force. I / We nominate the name of our representatives to the Federation.

I/We remit herewith a sum of Rs. \_\_\_\_\_ being entrance fee and the Subscription of Individual / Institutional / Life Membership Fees for Rs. \_\_\_\_\_

\* Life Membership Fee Rs. 2200/-

Yours faithfully,

\* Ordinary Membership Fee Rs. 500/-

Full Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Office Address : \_\_\_\_\_  
\_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_

Academic Qualifications : \_\_\_\_\_

Membership with Local Associations, if any : \_\_\_\_\_

Address for communication (Office or Resi.) : \_\_\_\_\_

Name/s & Address of : (1) \_\_\_\_\_  
Nominees-Representatives : (2) \_\_\_\_\_  
(Applicable to institutional - member)

Proposed by : \_\_\_\_\_

Seconded by : \_\_\_\_\_

(FOR OFFICE RECORD)

Membership Application approved in Managing Committee meeting held on \_\_\_\_\_

\_\_\_\_\_  
Hon. Secretary

\_\_\_\_\_  
President

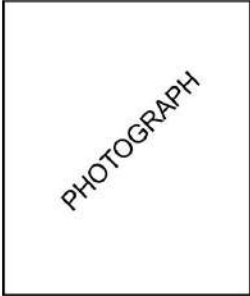


# ALL GUJARAT FEDERATION OF TAX CONSULTANTS

Office No. 114, Income Tax Office, 1st Floor, Narayan Chambers, Nr. Nehru Bridge, Ashram Road, Ahmedabad - 380 009. Phone : 2657 5612 E-mail : president@agftc.org.in Web : www.agftc.org.in

## MASTER DATA INFORMATION FORM

Membership No.  
(Office Use)



Name of Member : \_\_\_\_\_  
(Surname) (Name) (Father / Husband Name)

Communication at : Office :  Residence :

Contact Details : Off. : \_\_\_\_\_ Mob. : \_\_\_\_\_ Fax : \_\_\_\_\_  
(with STD Code)  
Resi. \_\_\_\_\_ E-mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Blood Group \_\_\_\_\_

Qualification : \_\_\_\_\_

Membership : Life :  Ordinary

Office Address : \_\_\_\_\_

Residence Address : \_\_\_\_\_

Spouse Name : \_\_\_\_\_  
(Surname) (Name) (Father/Husband Name)

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Member

I do hereby agree and confirm that any type of communication including any notice from the Federation office be intimated to me at above referred communication address or by way of SMS or E-mail. Information provided in this master data form be used for publication of directory and website of Federation.

### INSTRUCTION

MEMBER IS FURTHER REQUESTED TO INTIMATE ANY CHANGES IN ABOVE MASTER DATA FORM DETAILS AT THE FEDERATION OFFICE IMMEDIATELY.

**OFFICE USE ONLY**

Date of Receipt

Signature of President / Secretary