

RETIRED MEMBERSHIP APPLICATION FORM

This document will be a tax invoice for GST on completion and payment. Please retain original copy for your records. All prices quoted include GST. ABN 45 008 392 372

Register

 **Email**
membership@taxinstitute.com.au

 **Fax**
02 8223 0077

 **Mail**
GPO Box 1694 Sydney, NSW 2001

I would like to make an application to have my membership status changed to that of a retired member.

I confirm that I comply with the criteria for retired status shown below:

- I have been a member of The Tax Institute for the last 10 years
- I have reached the age of 55 years having been born on the ____ / ____ / 19 ____
- I am no longer in public practice or full-time employment having retired on the ____ / ____ / 19 ____
- My income from personal exertion does not exceed \$10,000 p.a.

Signature: _____

Date of issue: (Date of signature) _____

Retired member status fees for 2016-17

Associate, Fellow, Chartered Tax Adviser

- Australian voting members: **AUD \$332.00 (inc \$30.18 GST)**
- Overseas voting members: **AUD \$371.82**

Affiliate

- Australian members: **AUD \$234.50 (inc \$21.32 GST)**
- Overseas members: **AUD \$283.18**

For further enquiries please contact the membership division on 02 8223 0060

Retired membership application – Tax invoice

Membership no: _____	State: _____	Postcode: _____
Member's first name: _____	Home tel: _____	
Member's last name: _____	Work tel: _____	
Postal address: _____	Mobile: _____	
Suburb: _____	Email: _____	

Payment method

I enclose a cheque* for \$ _____

*Please make cheque payable to The Tax Institute in Australian dollars.

Please charge my credit card \$ _____

Card type:

- AMEX Visa MasterCard Diners

Card no. □□□□/□□□□/□□□□/□□□□

Expiry date: _____

Cardholder's signature: _____

Cardholder's name: _____



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