THE CHAMBER OF TAXCONSULTANTS 3, Rewa Chambers, Ground Floor, 31, New Marine Lines, Mumbai - 400020 • Tel.: 2200 1787 / 2209 0423 • Fax: 2200 2455 • E-mail: office@ctconline.org • Visit us at: Website: www.ctconline.org MEMBERSHIP ENROLMENT FORM								
	For Advocates, Charte	Advocates, Chartered Accountants and Income-tax Practitioners)						
& SUBSCRIPTION FORM FOR THE CHAMBER'S JOURNAL								
The Hon. Secretaries The Chamber of Tax Mumbai	Consultants		Date					
Dear Sirs,								
Please enrol me as a 1. NAME OF MEMB (A)SURNAME (B)NAME (C)FATHER'S/HU 2. QUALIFICATION 3. MEM.NO. BAR/H 4. PERSONAL DAT (A)DATE OF BIRT (B)BLOOD GROU (C)SPOUSE'S NAH (D)SPOUSE'S DA' (E)MARRIAGE AH (F)PROFESSION	SBAND'S NAME NS CAI/ICWAI/ICSI A TH P ME FE OF BIRTH	MISS						
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8. SUBSCRIPTION	ГО <u>"The Chamber</u>	rs Journal" from 1 st April, 20	to 31 st March 20					
The amount of Rs.	by Cheque/Dra	ft Nodated	drawn on					
Payable towards Life only is remitted h		Journal Ordinary M	em. The Chamber's Journal subscription					
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1. I agree to abide by	-	e Chamber. 2. I hereby state that ySecretary	I am eligible to practice tax laws, Law					
			(Signature)					

Signature_____ Name_____

Seconded By

Signature Name

Membership Category				
Journal Subscription (Non-Members) (April to March) Hard Copy	Rs. 2500/-			
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Courier charges for Chamber's Journal (Optional)	Rs. 400/- (Rs. 339/- +Rs. 61/-)			

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- 1. Please attach educational qualification certificate for eligibility to practice tax laws.
- 2. Please write / type in capital letters.
- 3. Cheques should be drawn in favor of "The Chamber of Tax Consultants"
- Outstation remittance should be by Demand Draft payable at Mumbai only. 4.
- 5.
- Please tick wherever applicable. The form should be completed in all respects. 6.
- The membership application is subject to acceptance by the Managing Council. 7.