



MEMBERSHIP APPLICATION FORM

THE SECRETARY
Sales Tax Bar Association (Regd.)
IInd Floor, Bikri Kar Bhawan,
M.S.O., 2nd Indraprastha Estate
New Delhi-110002

Ph. 23355570, 23317748,
Telefax: 23318682

I wish to become a member of the Association. I shall abide by its Rules and Regulations.
Kindly enroll me and oblige.

(Please Use Block Letters)

Name (In full, Please write Surname first.....)		Date of Birth
Father's Husband's Name Sh.		
Qualifications		
Address (Office).....	Address (Res.).....	
.....	
.....	
.....	
Telephone	Telephone	
Status (Whether Advocate, CA or STP/ITP)		
Date of Enrollment (As Advocate, CA/ITP/STP)	Enrollment No.	
Recommended by Name		
Date of Enrolment		
Enrollment No. Of Sales Tax, Bar Association		Signature
Date.....		SIGNATURE OF APPLICANT

R. No-(.....) **FOR USE IN BAR OFFICE**

Note: - Document Attached (Degree copy, Date of Birth, C.A. Practitioner copy/Advocate Bar Council Certificate and 3 Passport Photograph.

Received Cash/Cheques No.	For Rs.....
Drawn on.....towards
Applicant above 50 years Benevolent Fund Not Applicable	
Admission Fee	Rs. 1000/-.....
Annual Subscription (For the year.....)	Rs. 1000/-....
Benevolent Fund A/C	Rs. 500/-...
D.S.T.C.	Rs. 200/-.....
Extra Curricular Activity Fee	Rs. 100/-
Others	Rs. 7500/-
Total	Rs. 10300/-..
(Rupees.....)	
.....) Joint Secretary/Treasurer	
Contents Notifies.....	Applicant enrolled vide Resolution
.....	Date.....of the Executive Committee
Secretary	PRESIDENT



SALES TAX BAR ASSOCIATION (REGD.)

IInd Floor, Bikri Kar Bhawan, Indraprastha Estate, New Delhi-110002

Photo graph

DATA CARD

R. No.(.....)

Name of the Member

Father's/Husband name

Date of Birth

Enrollment No.
(as Advocate, STP/ITP,C.A.)

Whether Member of
Benevolent Fund

Office Address

Phone (Off.)

Residence Address

Blood Group

Phone (Resi)

Name of the nominee
(For Benevolent fund)

E-Mail

Signature of Member

Please don't fold the cards & write in block letters