oor, Department of Trade & Taxes, Vyapar Bhawan, I.P Estate, New Delhi – 110002 Email: stba@salestaxbar.com ● Website: www.salestaxbar.com Tel: +91-11-2335 5570, 2331 8682

MEMBERSHIP APPLICATION FORM

To,

The Secretary
Sales Tax Bar Association (Regd.)
2nd Floor, Department of Trade & Taxes
Vyapar Bhawan, I.P Estate, New Delhi – 110002

Sir / Madam,

I wish to become a member of the Sales Tax Bar Association (Regd.). I have gone through the Rules and Regulations of the Association, and I undertake to abide by the same. It is, therefore, requested that my application for membership may be considered as per Rules and Regulations of the Sales Tax Bar Association (Regd.).

My particulars are as under:

(Please use block letters)

Name in full (please write surname first)							
Father's / Husband's Name							
Date of Birth							
Qualification(s)							
Address (office)							
	Te	el:					
Address (resi)							
	Те	el:					
Email							
Mobile							
Status (Whether Advocate, CA or GSTP)							
Enrolment No. / membership no.							
Date of Enrolment (As							



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Recommended by											
Name of member											
Date of enrolment											
Enrolment No. of Sales Tax Bar Association					S	ignat	ure:				
Proposed by											
Name of member											
Date of enrolment											
Enrolment No. of Sales Tax Bar Association					S	ignat	ure:				
Proposed by											
Name of member											
Date of enrolment											
Enrolment No. of Sales Tax Bar Association					S	ignat	ure:				
Association Name											
Member since:											
Why do you wish to becomeAre you a regular practit									V] _N
with necessary evidence				-					Yes		No
Have you ever been a mo If yes, please give reasor								on (Regd	Yes .).		No
Please state how you can	contribut	e in pro	motin	g the A	Aim and	Obje	cts of	f Sales Ta	x Bar Asso	ciation (R	egd.)
> Details of Chamber allot	ted /applie	ed in an	y othe	r Cour	t / Assoc	iatio	n				
Date											

SIGNATURE OF APPLICANT



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Note: Attach Required Documents							
 Copy of certificate of practice Copy of GSTP/ITP certificate Copy of degree / membership certificate Proof of residence Copy of PAN card 	 6. Name and address of Nominee 7. 3 (three) PP size colour photographs 8. Duly filled in Data Card 9. Application for Identity card 						

FOR USE IN BAR OFFICE							
R. No							
Received cash/ cheque/IMPS/NEFT No		dated	for				
Rs							
Drawn on			towards:				
Nature of fee	If applicant's age is upto 30 years	If applicant's age is more than 30 years but upto 50 years	If applicant's age is more than 50 years				
Admission Fee / Readmission fee	Rs. 5,000/-	Rs. 10,000/-	Rs. 10,000/-				
Benevolent Fund Corpus*	Rs. 7,500/-	Rs. 7,500/-	Nil				
ID Card	Rs. 100/-	Rs. 100/-	Rs. 100/-				
Annual Subscription (for the year)	Rs. 1,500/-	Rs. 1,500/-	Rs. 1,500/-				
Benevolent Fund*	Rs. 500/-	Rs. 500/-	Nil				
DSTC	Rs. 400/-	Rs. 400/-	Rs. 400/-				
Extra-Curricular Activity Fee	Rs. 100/-	Rs. 100/-	Rs. 100/-				
Staff Welfare	Rs. 100/-	Rs. 100/-	Rs. 100/-				
Application form	Rs. 100/-	Rs. 100/-	Rs. 100/-				
Others							
Total							
(* Benevolent fund scheme is not applicable for Applicant above the age of 50 years) (Rupees							
Contents verified	Applicant enrolled as member of the Sales Tax Bar Association (Regd.) vide Resolution dated of the Executive Committee						
SECRETARY PRESIDENT/ SECRET							



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DATA CARD

R. No			
Membership No	Affix your latest passport size photograph here		
		Whether member of Benevolent Fund? Yes / No Blood Group	
Name of the member			
Father's / Husband's Name			
Date of Birth			
Enrolment No. (As Advocate, CA or GSTP)			
Address (office)			
Phone (off.)			
Mobile			
Email			
Address (resi)			
Phone (Resi.)			
Name of the nominee (for benevolent fund)			
		Signature of Member	



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To,		
The Secretary Sales Tax Bar Association (Regd New Delhi	.)	passport size photograph and sign in the next box
	Sub: Identity Card	
Dear Sir,		
I am interested in getting an Identity	Card being issued by the Sales Tax Bar Association (Regd.)	
I hereby giving the particulars requir	red: -	
Name (in block letter)		
As advocate / CA / ITP / GSTP		
Membership No. (STBA)		
Father's / Husband's Name		
Address (office)		
Phone (off.)		
Address (resi)		
Phone (Resi.)		
Mobile:		
Date of Birth Blood Group		
Date		Yours Faithfully,

.....