



The Association of Taxation Technicians

APPLICATION FORM FOR FELLOWSHIP

Please complete this form in block letters or type

Personal information			
Membership number:			1
Full Name	Title		
Mailing Address			
E-mail	Postcode		
Telephone	Mobile		
Business details			
Note: if both sections (A) and (B) apply, both must be completed			
(A) If you are an employee			
Name of employer			
Address of firm			
	Postcode		
Telephone number	Fax number		
e-mail address	website		
(B) If you are in full or part-time practice in partnership on your own account			
Name of employer			
Address of firm			
	Postcode		
Telephone number	Fax number		
e-mail address	Website		

Have you ever been convicted of, are you charged with (but not yet convicted of), any offence in any court in the UK or elsewhere (other than a motoring offence which did not result in disqualification)?	YES/NO
<i>Under the Rehabilitation of Offenders Act 1974 a person is not obliged to disclose spent convictions other than those which carried a sentence of imprisonment exceeding thirty months.</i>	
Have you ever been the subject of disciplinary action by a professional body, tribunal or regulatory authority?	YES/NO
Have you ever been adjudged bankrupt or entered into a voluntary arrangement with creditors?	YES/NO
Have you ever been disqualified as a director?	YES/NO
Are there any other factors relating to your application to become a Fellow of the ATT, which should be taken into consideration?	YES/NO

If you have answered 'Yes' to any of the above questions, please give full details, including the circumstances that led to the event, on a separate sheet.

About yourself							
Job title							
Designatory letters							
Practice/business type please tick							
Tax Consultancy	<input type="checkbox"/>	Company (Industrial)	<input type="checkbox"/>	HMRC	<input type="checkbox"/>		
Accountancy firm	<input type="checkbox"/>	Company (Commercial)	<input type="checkbox"/>	Tax Teaching/Training	<input type="checkbox"/>		
Legal firm	<input type="checkbox"/>	Sole Practice	<input type="checkbox"/>	Non-tax Teaching/Training	<input type="checkbox"/>		
Barrister's Chambers	<input type="checkbox"/>	Bank/Asset Manager	<input type="checkbox"/>	Retired	<input type="checkbox"/>		
Judiciary	<input type="checkbox"/>	Financial Advisory	<input type="checkbox"/>				
Professional status please tick one box only that most closely matches your job function							
Industry/Commerce		Practice				Other	
Director	<input type="checkbox"/>	Tax Partner	<input type="checkbox"/>	Principal (Sole Practitioner)	<input type="checkbox"/>	Academic	<input type="checkbox"/>
Head of Tax	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Other	<input type="checkbox"/>	Barrister/QC	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Director	<input type="checkbox"/>			Retired	<input type="checkbox"/>
Manager	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Government Departments		Other	<input type="checkbox"/>
Solicitor	<input type="checkbox"/>	Solicitor	<input type="checkbox"/>	HMRC	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	HM Treasury	<input type="checkbox"/>		
Size of organisation please tick							
1-50	<input type="checkbox"/>	51-500	<input type="checkbox"/>	501-5,000	<input type="checkbox"/>	>5,000	<input type="checkbox"/>
Tax specialism(s), if any please tick							
General tax	<input type="checkbox"/>	Capital tax	<input type="checkbox"/>	Oil taxation	<input type="checkbox"/>	Inheritance tax	<input type="checkbox"/>
Corporate	<input type="checkbox"/>	International tax	<input type="checkbox"/>	National Insurance	<input type="checkbox"/>	Trusts & estates	<input type="checkbox"/>
Personal tax	<input type="checkbox"/>	VAT	<input type="checkbox"/>	Excise duties	<input type="checkbox"/>		
Willingness to help the Association in any of the following areas							
Committees							
Member & Student Services	<input type="checkbox"/>	Examination	<input type="checkbox"/>	Technical	<input type="checkbox"/>	Professional Standards	<input type="checkbox"/>
Finance Advisory Group	<input type="checkbox"/>	Marketing Group	<input type="checkbox"/>				
Other areas							
Branches	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Lecturing	<input type="checkbox"/>	Careers	<input type="checkbox"/>
Continuing Professional Development							
Please attach your CPD record for the previous two calendar years							
Please may we remind you that the CPD requirement is a minimum of 45 hours of CPD of which a minimum of 15 hours should be structured.							
Please provide a short summary of your career to date (no more than 150 words)							

You should note that extracts of the information supplied on this form may be entered in any list of members published. The Association may disclose your membership status to other professional/education establishments, recruitment agencies and employers, both current and prospective in the UK and overseas. The Association may also disclose your name and address to other organisations which may be of interest to you in the UK and overseas. Please tick the box(es) if you do not wish your details to be disclosed in this way.

UK Overseas

I apply for admission as a Fellow of The Association of Taxation Technicians and agree, if admitted, to comply with and be bound by its Memorandum and Articles of Association and any regulations there under.

I certify that the particulars given are true to the best of my knowledge and belief. I enclose my entrance fee.

Signature

Date