

**THE TAXAGENTS' INSTITUTE OF NEW ZEALAND INCORPORATED  
APPLICATION FOR MEMBERSHIP**

**NOTE - All new members (other than Associate Members) will be admitted to the Institute as "Provisional Members".**

Provisional members will have to provide proof (invoices for courses, relevant reference books, attendance of regional meetings, attendance at TINZ conference, etc) of having achieved the required continuing education points of the Institute as set by Council for two consecutive years.

When a Provisional member meets this requirement, the member will then be able to apply to Council to be regarded to Full Member status.

The term Provisional Member is for internal use only and is not displayed on any certificate or public reference to you by TINZ.

I am applying for Full Membership \_\_\_\_\_ OR Associate Membership \_\_\_\_\_ (Please tick one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Your name should be written, as you would want it to appear on your Membership Certificate*

Street Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Established (year): \_\_\_\_\_ Active since (year) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Main Activity: \_\_\_\_\_

Total Staff: \_\_\_\_\_ Tax Practitioners: \_\_\_\_\_ Support Staff: \_\_\_\_\_

Further information regarding your business or experience should be provided on a separate page

**REFEREES We also require the names, addresses, occupation and telephone numbers of two referees. At least one of the referees must be a current client.**

List the names and addresses of two Referees whom TINZ may contact.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*\*\* PLEASE PRINT THE EMAIL ADDRESS CLEARLY, \*\*\*\*\*

The Council is endeavouring to gain an insight into the practical competence of the Applicants as well as an indication of their professional and ethical standing.

Are you a tax agent registered with the IRD?

Yes { }

No { }

Have you at any time been refused or expelled from any other professional body or organisation including NZICA?

Yes { }

No { }

Have you at any time been convicted of a criminal offence involving fraud.

Yes ( )

No ( )

Have you had any practical and theoretical experience of New Zealand Tax Legislation?

Yes ( )

No ( )

If yes, please give in detail, where you gained this knowledge.  
Eg. Workplace, information sources.

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Have you undertaken any continuing education in the last 12 months?

Yes ( )

No ( )

If yes, please give details of courses attended.

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What annual commentary do you subscribe to? Eg. Staples, C.C.H., Brookers etc.

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Professional Qualifications: \_\_\_\_\_

*(List the qualification appropriate to the membership classification applied for)*

(Please send copies of any academic certificates or qualifications). Overseas qualifications will only be recognised if verified by NZQA at your cost.

**IMPORTANT - If accepted for membership you agree to be bound by the Rules of the TaxAgents' Institute of New Zealand Inc, The Code of Ethics, Disciplinary procedures and the Education Points System to keep your membership current. These documents are available on our web site. By signing this document you have indicated you have read the documents referred to in this paragraph.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE INCLUDE ONE OF YOUR BUSINESS CARDS WITH THIS APPLICATION.**

