



PROFESSIONAL ACCOUNTANTS' & TAX CONSULTANTS' ASSOCIATION

MEMBERSHIP APPLICATION FORM

Fields marked with an * are required

If you would like to take part in our event, please fill in your details in this Event Registration Form below and you will be automatically registered. Event registration must be completed at least seven (7) days prior to the event.

Type Of Membership *

- INDIVIDUAL
- CORPORATE
- LIFE MEMBER

Name *

AUTHORISED REPRESENTATIVE (IF CORPORATE)

PAN NUMBER OF THE INDIVIDUAL/AR

AADHAR NUMBER OF THE INDIVIDUAL/AR

COMMUNICATION ADDRESS *

Email *

Phone *

Age *

Date Of Birth *

Date Of Incorporation *

Payment Ref No:

****Chq & DD Favour By PROFESSIONAL ACCOUNTS AND TAX CONSULTANTS ASSOCIATION**