



Membership Application Form

For office use only
Membership No.

Before completing this form please
read and complete the checklist below.

Please complete all sections of this form before submission; the annual subscription fee and TEP registration fee must accompany this application. Incomplete forms or those without payment will not be accepted.

Complete the form in English and type or hand write the form using black ink and block capitals.

Please attach a cheque or include credit/debit card details for payment.

Please attach to this form a CV/ Resume detailing your trust and/or estate experience (500 words or more) over the last five years for full membership, or two to five years if applying for associate membership, (see section 3).

In section 7 please ensure two separate declarations are completed. These can be signed by a current full STEP member, your employer or an independent professional.

Please sign and date section 9.

All membership application forms must be sent to your local branch. The branch will then forward your application to the STEP Membership Department.

Keep a photocopy of this form and if you have not heard from the branch within four weeks, please apply directly to the STEP Membership Department.

If you have any queries regarding your application please contact your local Branch Secretary or the STEP Office on +44 (0)20 7340 0500 or email step@step.org

Your local Branch Secretary's details can be found on the STEP website at www.step.org/branches

Please allow eight to ten weeks to process your application.

1. Personal Details

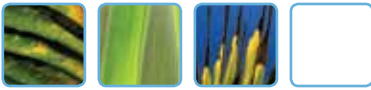
Title (e.g. Mr/Mrs)*:	First Name(s)*:
Family Name*:	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Job Title*:	Department*:
Firm Name:	Designation:
Business Address*:	
PO Box Number:	City/Town:
County/State/Province:	Post Code/Zip Code:
Country:	Work e-mail*:
Telephone Number (incl. area code):	Fax Number (incl. area code):
Home address (if different from above):	
City/Town:	County/State/Province:
Post Code/Zip Code:	Country:
Home email:	
Preferred mailing and email address <input type="checkbox"/> Work <input type="checkbox"/> Home	
<input type="checkbox"/> Please provide full details (by attaching to this form) if you have been involved with any professional misconduct, criminal proceedings or regulatory sanctions.	

*Indicates mandatory fields

2. How did you hear about STEP?

Please select one of the following or detail below:

<input type="checkbox"/> Colleague/Employer	<input type="checkbox"/> STEP conference or event	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> STEP Member	<input type="checkbox"/> Central Law Training
<input type="checkbox"/> STEP Journal	<input type="checkbox"/> Industry publication	



3. Experience and Qualifications

For full membership

Has your occupation over the last five years included a significant involvement at a specialist level with one or more of the following: planning, creation, management of and accounting for trusts and estates, executorship administration and related taxes?

Yes

For associate membership

Has your occupation over the last two to five years included a significant involvement at a specialist level with one or more of the following: planning, creation, management of and accounting for trusts and estates, executorship administration and related taxes?

Yes

Please state the number of years of experience you have in the trust and estate field: Years

Please attach to this form a CV/Resume detailing your trust and/or estate experience (500 words or more) over the last five years for full membership or two to five years if applying for associate membership. Applications without an attached CV/Resume will not be processed.

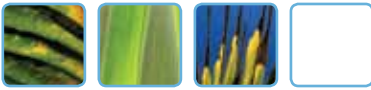
Please tick the box(es) to show which qualifications you have and include a copy of your signed certificate(s)

- | | |
|--|--|
| <input type="checkbox"/> Qualified Barrister | <input type="checkbox"/> Fellow of a Banking Institute |
| <input type="checkbox"/> Qualified Solicitor | <input type="checkbox"/> Associate of a Taxation Institute |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Associate of a Banking Institute |
| <input type="checkbox"/> Certified Accountant | <input type="checkbox"/> Institute of Chartered Secretaries and Administrators |
| <input type="checkbox"/> Fellow of the Institute of Legal Executives | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Fellow of a Taxation Institute | |

4. Specialisations

Please select the specialisations that best match your current role. Please note this information will be used in the online Search for a STEP Member Directory and will help STEP tailor its products and services to you.

	Non-Resident (Offshore) Specialisation	Cross-Border Specialisation	Resident (Domestic) Specialisation
Agricultural Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti Money Laundering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charities - Formation and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Formations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contentious Trusts & Estates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Border Estates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate Administration & Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executorship & Probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Office Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Capacity Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philanthropy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Family & Business Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust Formation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Profession

Please select from the following, this information will be used in the online Search for a STEP Member and the STEP Directory and Yearbook

- Accountant, Estate Planner, Legal Executive, Trustee, Banker, Financial Planner, Solicitor/Attorney, Barrister, Insurance, Tax Advisor

6. Branch Affiliation

Members of STEP must be affiliated to their local branch. Please specify which branch you wish to be affiliated to:

Completed application forms must be returned to the branch you have chosen, details of branches can be found at www.step.org/branches

7. Declaration

Please ensure two separate declarations are completed. These can be signed by a current full STEP member, your employer or an independent professional.

I confirm that the details given in section 3 are correct.

i Full name: STEP membership no: (if applicable): Firm/company: Signature: Date: [] [] [] [] [] [] [] []

ii Full name: STEP membership no: (if applicable): Firm/company: Signature: Date: [] [] [] [] [] [] [] []

8. Annual Membership Subscription Payment and TEP Registration Fee (please tick the appropriate box)

Full membership: Subscription fee + TEP Registration fee

Associate membership: Subscription fee only

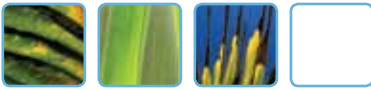
Please see the STEP Membership & Examination Fees form for full details of fees payable or contact step@step.org

- I enclose a cheque for drawn on a British bank/bankers draft/international money order made payable to STEP. Foreign currency cheque: I enclose a cheque for \$/€ made payable to STEP. I authorise you to debit my Maestro/Visa/MasterCard/American Express (delete as appropriate) for the fee of

Name of card holder: Credit card number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] Card expiry date: [] [] [] [] Card start date: [] [] [] [] Issue no.(Maestro only): [] Date: [] [] [] [] [] [] [] [] Payment Amount: £ Signature of cardholder:

Please send me a receipt.

Please note that incomplete applications or those without payment will not be processed



9. Applicant's Declaration

I agree to be bound by the Society's Code of Professional Conduct and also the Branch Regulations issued by Council*.

I confirm that the details given in this application form are correct and that I am a fit and proper person to be admitted as a member of the Society.

Accordingly, I hereby make application to the Council of the Society to be so admitted. I authorise Council to make such enquiries concerning this application as they deem necessary. I undertake to pay such subscriptions as may be levied by Council and I understand that my acceptance as a member is conditional on this.

Signed:

Date:

*Details of the Society's Code of Professional Conduct and the Branch Regulations can be found on the STEP website

10. Data Protection

The information you provide will be used by the Society, its subsidiary companies, STEP Branches or approved agents for administrative and membership purposes or as required by law. We will use your information to keep you up-to-date with news and developments in the industry, via both email and post. Our award-winning News Digest email provides you with an overview of current news articles and reports relevant to your practice and the STEP Journal provides news, trends and issues facing trust and estate practitioners; industry debate, incisive comment and thoughtful analysis; legislative developments and implications; technical briefings and taxation updates; book and product reviews; and listings of Society meetings and events for the months ahead.

We do not sell lists of our members, but may pass your details on to local STEP branches acting on STEP's behalf as well as third parties with whom STEP works closely, for example our education partner. This includes overseas companies based outside the European Union (for example, companies based in the US and Canada) to enable them to send you information about products and services that are relevant to your membership and are approved by STEP.

Please note that by submitting this application form, you will be indicating your consent to receiving such messages by email and/or post from STEP, local STEP branches and other third parties approved by STEP. If you do not want to receive this kind of information from STEP and/or third parties, please let us know by ticking the relevant box below.

The Society also produces lists of STEP members for issue to the public (ie. the STEP Directory & Yearbook and Search for a STEP Member area). These lists appear on the public area of the STEP website. If you do not wish your contact details to appear on these lists please tick the relevant box below.

- I do not wish to receive mailings from STEP relating to products and services that are relevant to my membership.
- I do not wish to receive emails from STEP relating to products and services that are relevant to my membership.
- I do not wish to receive mailings (including emails) from third parties approved by STEP relating to products and services that are relevant to my membership.
- I do not wish to have my contact details appear on lists of STEP members that are issued to the public or appear on the public area of the STEP website.

If you would like further information on how STEP uses your personal information please refer to our Privacy Policy which can be found on our website, or contact us at step@step.org

All membership application forms must initially be sent to your local branch. The branch will then forward your application to the STEP Membership Department. Your local Branch Secretary's details can be found on the STEP website at www.step.org/branches

To be completed by Branch only

For completion by Branch Chairman/Secretary (delete as appropriate)

- I confirm that this applicant has/has not (delete as appropriate) been recommended for approval at Branch level and has completed this form fully and enclosed payment.

Name:

Branch:

Signature:

Date: