AFRICAN TAX
ADMINISTRATION FORUM

MEMBERSHIP APPLICATION FORM

TAX ADMINISTRATION DETAILS

Full Name of organisation (Please type or print clearly)

Physical Address

Code:

Postal Address

Code:

Tel.: **Fax.:**

Website: **Email:**

HEAD OF TAX ADMINISTRATION DETAILS

First Name:

Last Name:

Male: **Female:** **Title: Dr.:** **Mr.:** **Mrs.:** **Ms.:** **Professor.:** **Other.:**

Designation:

Tel.: **Fax.:**

e-mail address:

Contact Person Details (if not same as Head of Tax Administration)

First Name:

Last Name:

Male: **Female:** **Title: Dr.:** **Mr.:** **Mrs.:** **Ms.:** **Professor.:** **Other.:**

Designation:

Tel.: **Fax.:**

e-mail address:

MEMBERSHIP COMMITMENT:

I ..... (name of Head of Tax Administration) hereby confirm that I am authorised to represent the organisation listed below and affirm that the information submitted on this form is true and accurate.

I hereby apply on behalf of ..... (name of Tax Administration) to join the African Tax Administration Forum (ATAF). As a representative of the above listed organisation, I agree to abide by the Rules as set out in the ATAF Rules and Procedures, and to pay the annual membership fees in line with the membership contribution structure.

Print name:

Date: Y Y Y Y M M D D

Signature: .....