



Rejoining STEP Membership Application Form

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 any outstanding fees 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 to this form full details of your trust and/or estate experience (see section 2).

- Please ensure that only your employer, an independent professional, or a current full STEP member has signed section 8.

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

- Please sign and date section 9.

- Keep a photocopy of this form.

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

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: Sex: M F

Job Title*: _____ Department*: _____ Designation: _____

Firm Name: _____

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: _____

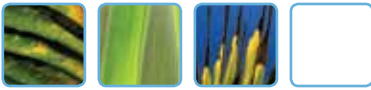
Post Code/Zip Code: _____ Country: _____

Home email: _____

Preferred mailing and email address Work Home

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. Experience and Qualifications

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

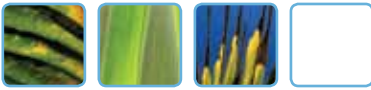
2. Please state the number of years of experience you have in the trust and estate field: Years

3. Please attach to this form CV/resume detailing your trust and/or estate experience (500 words or more) over the last 5 years.

3. 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"/>



4. 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

5. STEP Membership History

a. Please state the start and end dates of your previous STEP membership.

	Month	Year
Start:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
End:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

b. Please state the reason for your previous membership lapsing:

- Subscription was unpaid
- Up to date contact details were not supplied
- No longer employed in the field of trusts and/or estates
- No need for STEP membership at the time
- Other, please specify:

6. Branch Affiliation

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

[Details of branches can be found at www.step.org/branches](http://www.step.org/branches)

7. Membership Subscription Payment

STEP requires any outstanding payment from the year your membership lapsed, plus payment for the current membership year, plus a rejoining administration fee. Please see the STEP Membership & Examination Fees form for details of the current fees. For past years fees outstanding please contact the STEP office on step@step.org or telephone +44 (0)20 7340 0500.

If you are rejoining in either STEP Lugano Centre, STEP Zurich Centre, STEP Vaduz Centre or STEP Lucerne/Zug Centre please do not send any payment, you will be invoiced by the local branch in CHF for any outstanding fees.

- 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

*Please note: Payment by credit card is not available to members rejoining in STEP Suisse Romande (Geneva) Branch or Monaco Branch.

Name of card holder:

Credit card number:

Card expiry date:

Card start date:

Issue no.(Maestro only):

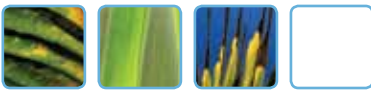
Date:

Payment Amount: £

Signature of cardholder:

- Please send me a receipt.

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



8. Declaration

To be completed only by employer, independent professional, or current full STEP member.

I confirm that the details given in sections 2 and 5 are correct.

Full name: Telephone:
STEP membership number (if applicable): Firm/company:
Signature: Date: [] [] [] [] [] [] [] []

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.

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