

Qualified Practitioner Membership Application and Enrolment Form

Please read the accompanying information before completing this form. Please note: A minimum of two years' experience in the area of trusts and estates accompanied by relevant qualifications is required for Qualified Practitioner STEP membership.

For office use only
Membership No.:

Please complete all sections of this form before submission; the Qualified Practitioner Application Fee must accompany this form. Incomplete forms or those without payment will not be processed.

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

Please include full details of your trust and estates experience by attaching a current CV/resume and any Certificates to this form.

Please ensure that only your employer, an independent professional, or a current full STEP member has signed Section 6.

Please sign and date section 7.

All membership applications forms must be sent to:
Membership Department
STEP
Artillery House (South)
11-19 Artillery Row
London SW1P 1RT
or emailed to
membership@step.org

If you have any queries regarding your application please contact the STEP office on +44 (0)20 7340 0500 or email: membership@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: <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*:	Designation:
Firm Name:		
Business Address*:		
PO Box Number:	City/Town:	
County/State/Province:	Post Code/Zip Code:	DX No.:
Country:	E-mail*:	
Telephone Number (incl. area code):	Fax Number (incl. area code):	
Home address or preferred address (if different from above):		
City/Town:		
County/State/Province:	Post Code/Zip Code:	

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

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2. Qualifications and Experience

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

Please state the number of years experience you have: Years Months

Please attach to this form full details (500 words or more) of your trust and estates experience. The required criteria for Qualified Practitioner (student) membership is either:

- 10 years' relevant work experience
- 5 years' experience and a vocational degree
- 2 years' post-qualification experience

3. How did you hear about STEP?

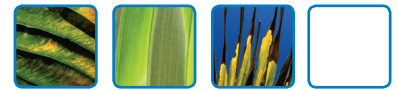
Please select one of the following or detail below:

- | | | |
|---|---|---|
| <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 | |

4. Branch (Details of STEP branch location can be found at www.step.org/branches)

Please specify which branch you wish to be affiliated to:

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5. Membership Fees Payment (please tick the appropriate box)

Membership Subscription Fee:

See accompanying fees brochure or visit:

www.step.org/joining

Qualified Practitioner Application Fee: £200

- I enclose a cheque/bankers draft payable to STEP
 I authorise you to debit my Maestro/Visa/MasterCard/
American Express (delete as appropriate) for subscription
and application fee

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

6. Declaration. To be completed only by employer, independent professional, or current full STEP Member.

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

Full name:

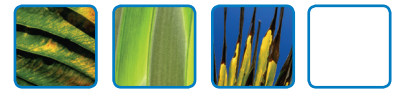
Telephone:

STEP membership number (if applicable):

Firm:

Signature:

Date:



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7. 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

8. Data Protection

The information you provided will be used by the Society, its subsidiary companies, STEP Branches or approved agents for administrative and membership purposes or as required by law. It is impossible to run the membership scheme without sending administrative mailings to you. In addition you will receive mailings relating to membership benefits which typically consist of the STEP Journal, the STEP Membership Directory and details of conferences organised by STEP, its Branches and STEP Conferences. There will often be a discount on conference delegate fees for STEP Members.

From time to time STEP may pass your details to local STEP branches and other third parties, including 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 approved by STEP. The Society takes its responsibility to protect the personal details of Members very seriously and only approves mailings that it believes will be relevant to your membership and where there will be a tangible benefit e.g. discounts. If you do not want to receive this kind of information from third parties, please let us know by ticking box 1 below. If you tick this box we will not share your details with third parties in this way.

The Society also produces lists of STEP Members in any requested locality (e.g. by postcode) for issue to the public. This service proves particularly popular following coverage by the media. If you do not wish your contact details to appear on these lists please tick the relevant boxes below.

- I do not wish to receive mailings from third parties approved by STEP relating to beneficial products and services.
- I do not wish to have my contact details appear in the print STEP Directory & Yearbook.
- I do not wish to have my contact details appear on the 'Find a Practitioner' public area of the STEP website.

On completion of this form please send to:

Membership Department
STEP
Artillery House (South)
11-19 Artillery Row
London SW1P 1RT

Telephone: +44 (0)20 7340 0500
Facsimile: +44 (0)20 7340 0501
Email: membership@step.org