



To: **Operation & Finance Department**  
**Hong Kong Institute of CPAs,**  
37/F., Wu Chung House,  
213 Queen's Road East,  
Wan Chai, Hong Kong.  
**Fax: 2893 9853**

## TAXATION INTEREST GROUP (TIG) MEMBERSHIP APPLICATION FORM

**Please indicate which of the following best describes your area of work:**

☐ Tax practitioner    ☐ Professional accountant in business    ☐ Others (please specify): \_\_\_\_\_

**Please type or print:**

Name: (Mr. / Mrs. / Ms.) \_\_\_\_\_ HKICPA membership no. (if applicable): \_\_\_\_\_

Company name: \_\_\_\_\_

Position held: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile / Pager no.: \_\_\_\_\_

(For Institute members, please note that your membership record will be updated with the above contact details.)

**TIG membership is open to HKICPA members and staff of CPA practices. Membership fee is HK\$100 per person (being payment of TIG subscription fee for the period July 2009 to June 2010).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Payment method:			
** <input type="checkbox"/> Cheque no. _____ (Bank: _____).			
Please send the form together with a cheque made payable to "Hong Kong Institute of Certified Public Accountants".			
** <input type="checkbox"/> Any Visa/ Master credit card.		Card no.:	
Please fill in the following:			
Cardholder's name : (Please print) Date :		Card expiry date (month/year) :  Cardholder's signature :	
FOR OFFICE USE		Auth. code no.	Handled by
<input type="checkbox"/> Please put a "✓" if you require a receipt and indicate your choice of delivery: <input type="checkbox"/> by email <input type="checkbox"/> by post <b>(to the address as shown below)</b>			
Name:			
Address:			
<b>Payment enquiry:</b> Tel: 2287 7381 e-mail: finance@hkicpa.org.hk		<b>Membership information enquiry:</b> Tel: 2287 7009 (May Hung) / 2287 7089 (Canace Leung) e-mail: mcs.msce@hkicpa.org.hk	