

# Tax Club of Cleveland

1120 Chester Avenue, #470 - Cleveland OH 44114

216-771-0577 – phone 216-696-2582 – fax

Email: [admin@taxclubofcleveland.org](mailto:admin@taxclubofcleveland.org)

## APPLICATION FOR MEMBERSHIP

**TO APPLICANT:** The By-Laws of the Club provide that membership shall be open to persons whose work is principally concerned with problems of taxes or tax administration. Acceptance or refusal of membership is determined by the Board of Directors. Annual dues are \$75. Please mail your check with the application or insert credit card information in the space provided if you are faxing the membership application.

Please complete this form, and send it to the Tax Club of Cleveland at the contact information listed above.

1. Applicant's Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

2. Business/Firm Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

4. Indicate to which address you would like meeting notices sent:  Business  Home

5. Indicate which of the following best describes you:

I work in a professional services firm.

I work for a business or nonprofit.

I am a full-time student.

I am a full-time government employee involved in a tax-related position.

Other (please describe) \_\_\_\_\_

\_\_\_\_\_

6. Indicate in which of the following tax areas you actively work:

Federal  State  Local  International

Corporate  Franchise  Income  Income

Partnership/  
S Corp  Personal Property  Real Property  Other

Individual  Sales, Use

& Excise

Employee

Benefits

Excise

Financial & Estate

Planning

7. If paying by credit card, please include the following information and **fax the form to 216-696-2582:**

Name (as it appears on card): \_\_\_\_\_

Type of Card (Visa, etc.) \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_