



2001 Crocker Rd., Ste 510 • Westlake, OH 44145

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Email: admin@taxclubofcleveland.org

APPLICATION FOR MEMBERSHIP • ANNUAL DUES \$150.00

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 \$150.00 except for full time students and government employees involved in a tax related position.** Please mail your check with the application or insert credit card information in the space provided if you are emailing or faxing the membership application.

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

Full Name: _____ **Date:** _____

Employer Name: _____ **Title:** _____

Business Address: _____

Business City, State & Zip Code: _____

Business Phone: _____ **Fax:** _____

E-mail: _____ **Cell phone:** _____

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. (no membership dues)
- I am a full-time government employee involved in a tax-related position. (no membership dues)
- Other (please describe) _____

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

- | <u>Federal</u> | <u>State</u> | <u>Local</u> | <u>International</u> |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Franchise | <input type="checkbox"/> Income | <input type="checkbox"/> Income |
| <input type="checkbox"/> Partnership / S Corp | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Real Property | <input type="checkbox"/> Other |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sales, Use & Excise | | |
| <input type="checkbox"/> Employee Benefits | | | |
| <input type="checkbox"/> Excise | | | |
| <input type="checkbox"/> Financial & Estate Planning | | | |

PAYMENT: I am including the dues payment of \$150.00, which I understand will be returned to me if this application is not acted upon favorably.

___ Check Enclosed or ___ Charge my Visa/MC/Amex # _____

Exp. Date: _____ CVC: _____

For your safety, an application with a credit card payment cannot be accepted via email. Please mail or fax the application and supplemental information if paying with a credit card.