



Experienced Practitioner Membership Application Form



For office use only
Membership No.

Before completing this form please
read and complete the checklist below.

- Four referees (two of which are STEP members)
- A cheque or credit/debit card details for payment
- And either:
- A detailed CV/resume or written summary to demonstrate your experience (of up to 3,000 words) which includes:
- a detailed outline of your current areas of practice and your responsibilities within it;
 - membership of any professional bodies.
- Or:
- Sample(s) of published articles, books, lecture notes and/or papers that demonstrates your knowledge in the area of trusts and/or estates (of at least 3,000 words)

All membership application forms must be sent to your local branch. The branch will then forward your application to the STEP Membership Department.

Your local Branch Secretary's details can be found on the STEP website at www.step.org/branches

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

1. Personal Details

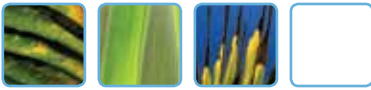
Title (e.g. Mr/Mrs)*:	First Name(s)*:
Family Name*:	Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Job Title*:	Department*:
Firm Name:	Designation:
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 <input type="checkbox"/> Work <input type="checkbox"/> Home	
<input type="checkbox"/> 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. Branch Affiliation

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

Completed application forms must be returned to the branch you have chosen, details of branches can be found at www.step.org/branches



3. How did you hear about STEP?

Please select one of the following or detail below:
 Colleague/Employer STEP Journal Central Law Training Other, please specify:
 STEP Member STEP conference or event Industry publication

4. Qualifications and Experience

To apply for STEP membership via the Experienced Practitioner route you must complete the following three questions:

- i. Please state the number of years of experience you have in the trust and estate field (minimum ten years required): Years
- ii. 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 Taxation Institute	<input type="checkbox"/> Institute of Chartered Secretaries and Administrators
<input type="checkbox"/> Qualified Solicitor	<input type="checkbox"/> Fellow of a Banking Institute	<input type="checkbox"/> Other, please specify
<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		
- iii. Please submit with this application form **either**:
 - a detailed resume or written summary (up to 3,000 words) **or**:
 - sample(s) of published articles, books, lecture notes and/or papers (please see front page for full details).

5 i. Declaration of Referees: First Referee Must be completed by a STEP Branch Committee member

Name: STEP Membership Number:

Length of professional acquaintance with applicant (years):

Firm:

Business Address:

Town: County:

Post Code/ Zip Code: Country:

Tel Number: E-mail:

Please provide a short statement explaining how you know the applicant and your reason for endorsing them:

5 ii. Declaration of Referees: Second Referee Must be completed by a STEP member

Name: STEP Membership Number:

Length of professional acquaintance with applicant (years):

Firm:

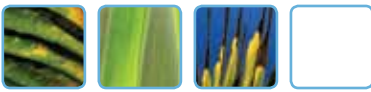
Business Address:

Town: County:

Post Code/ Zip Code: Country:

Tel Number: E-mail:

Please provide a short statement explaining how you know the applicant and your reason for endorsing them:



5 iii. Declaration of Referees: Third Referee

Name: STEP Membership Number:

Length of professional acquaintance with applicant (years):

Firm:

Business Address:

Town: County:

Post Code/Zip Code: Country:

Tel Number: E-mail:

Please provide a short statement explaining how you know the applicant and your reason for endorsing them:
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5 iv. Declaration of Referees: Fourth Referee

Name: STEP Membership Number:

Length of professional acquaintance with applicant (years):

Firm:

Business Address:

Town: County:

Post Code/Zip Code: Country:

Tel Number: E-mail:

Please provide a short statement explaining how you know the applicant and your reason for endorsing them:
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6. Branch Approval (To be completed by Branch only)

For completion by Branch Chairman/Secretary (delete as appropriate).
I confirm that this applicant has been approved at branch level and has completed this form fully and enclosed payment.

Name: STEP Membership No:

Branch: Signature:

Branch Committee Position: Date:

7. Payment Details

Please see the STEP Membership & Examination Fees form for full details of fees payable, the annual membership subscription and Experienced Practitioner application fee are payable for this route.

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

I enclose a cheque/bankers draft payable to STEP
 I enclose a foreign currency cheque payable to STEP
 I authorise you to debit my Maestro/Visa/MasterCard/AmericanExpress (delete as appropriate) for subscription and application fee*

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

Name of card holder:

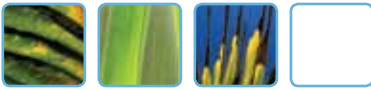
Credit card number:

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. 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

9. 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. Our award-winning News Digest email provides you with an overview of current news articles and reports relevant to your practice and the STEP Journal provides news, trends and issues facing trust and estate practitioners; industry debate, incisive comment and thoughtful analysis; legislative developments and implications; technical briefings and taxation updates; book and product reviews; and listings of Society meetings and events for the months ahead.

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