



Society of Trust and Estate Practitioners

STEP Membership

Office use only

Ref:

Mem:

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Membership Application Form

Before completing this form please read the accompanying literature and the checklist below. Correctly completed forms will enable the Society to process your application more efficiently



- Please complete the form in English
- Please type or hand write the form using ink and block capitals
- Please ensure full details of your trust and estate experience are provided in Section 4 or, alternatively, a separate CV/Resume including these details can be attached to the form.
- Please ensure that **only** your employer, an independent professional, or a current Full STEP member has signed Section 6.
- Please ensure that all sections of the form have been completed before submission. Incomplete forms will not be accepted.
- Please ensure that you have signed the form.
- If you have any queries regarding your application please do not hesitate to contact the local Branch Secretary or the STEP Office on telephone: +44(0)20 7838 4890, fax: +44 (0)20 7838 4886 or email: membership@step.org
- Please send the completed form to the address shown on the reverse. You should allow 8 to 10 weeks for processing.

1 Your details (please use block capitals)

Title (e.g. Mr/ Mrs): Surname:

First names:

Date of Birth:

Firm name:

PO Box number:

Street name and number:

City/town:

County/state/province:

Post/zip code: Country:

Telephone number Area code: Number:

Fax number Area code: Number:

Email:

Correspondence address if different from above:

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[Redacted area]

Please continue on a separate sheet if necessary.

Please detail your professional qualification(s) e.g. chartered accountant.

[Redacted area]

5 Annual membership subscription payment (please tick the appropriate box)

Full and Associate membership. Please see enclosed 'subscriptions'.

- I enclose a cheque drawn on a British bank/bankers draft/ international money order made payable to STEP.
- I authorise you to debit my Visa/MasterCard (*delete as appropriate*).

Name of card: [Redacted]

Credit card number: [Redacted]

Card expiry date: [Redacted] / [Redacted] Payment amount £ [Redacted]

Signature of cardholder: [Redacted] Date: DD / MM / YYYY

- Please send me an invoice for my annual subscription once my membership is approved

6 Declaration

To be completed **only** by employer, independent professional, or current Full STEP Member.

I have read over the application form and enclosures and from my knowledge and information about the applicant I believe the information supplied is correct and complete.

Full name: [Redacted]

STEP membership number (if applicable): [Redacted]

Firm/company: [Redacted]

Signature: [Redacted] Date: DD / MM / YYYY



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7 Applicant's Declaration

I agree to be bound by the Memorandum and Articles of Association of the Society of Trust and Estate Practitioners 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: DD / MM / YYYY

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 box 2 below.

1. I do not wish to receive mailings from third parties approved by STEP relating to beneficial products and services.
2. I do not wish my details to appear on lists of STEP Members issued to the public.

Please return your completed application form to:

The Membership Department
Society of Trust and Estate Practitioners
26 Grosvenor Gardens
London
SW1W 0GT
United Kingdom

All new full associate applications must have this section completed by their branch, who will then forward the application to the STEP office.

However, student graduates are not required to have their application approved by the branch.

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.

Name: Branch:

Signature: Date: DD / MM / YYYY