



STEP Membership Upgrade Form

This form is to be completed by all student members of STEP (Diploma & QP) or associate members upgrading to full membership. Before completing this form please read and complete the checklist below.

For office use only

Membership No:

Please complete all sections of this form before submission; incomplete forms will not be accepted.

Complete the form in English and type or hand write the form using black ink and block capitals.

Please attach to this form full details of your trust and/or estate experience (see section 4).

Please ensure that only your employer, an independent professional or a current full STEP member has signed section 6.

Please sign and date section 7.

All membership application forms must be sent to:
 Membership Department
 STEP
 Artillery House (South)
 11-19 Artillery Row
 London SW1P 1RT

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

Please allow eight to ten weeks to process your application.

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: | Designation: | | |
| Firm Name: | | | |
| Business Address: | | | |
| PO Box Number: | City/Town: | | |
| County/State/Province: | Post Code/Zip Code: | DX No.: | |
| Country: | E-mail: | | |
| Telephone Number (incl. area code): | Fax Number (incl. area code): | | |
| Home Address (if necessary): | | | |

Please provide full details (by attaching to this form) if you have been involved with any professional misconduct, criminal proceedings or regulatory sanctions.

2. Qualifications

1. 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"/> Qualified Solicitor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Certified Accountant |
| <input type="checkbox"/> Fellow of the Institute of Legal Executives | <input type="checkbox"/> Fellow of a Taxation Institute |
| <input type="checkbox"/> Fellow of a Banking Institute | <input type="checkbox"/> Associate of a Taxation Institute |
| <input type="checkbox"/> Associate of a Banking Institute | <input type="checkbox"/> Institute of Chartered Secretaries and Administrators |
| <input type="checkbox"/> Other, please specify: | |

3. Branch Affiliation

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

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Details of branches can be found at www.step.org/branches

