

**National Council of Property Taxation  
MEMBERSHIP APPLICATION**

Please complete, print out and fax or mail to:

**NCPT Headquarters  
P.O. Box 763185  
Dallas, Texas 75376  
Phone: 972/296-0664  
Fax: 972/780-7741**

**Membership Categories**

**Please check type of membership you are applying for:**

<input type="checkbox"/> <b>Regular Membership (voting member)</b> Engaged in management of ad valorem taxes for at least 3 consecutive years. Eligible to vote, hold office and serve as officer of Council. One voting member per company. <b>Number of Employees (see definition below)</b> _____	*\$1,000.00 plus \$150 per employee/associate
<input type="checkbox"/> <b>Associate Regular Membership (non-voting)</b> Engaged in management of ad valorem taxes and employed by firm with Regular Membership. Not eligible to vote, serve on Board of Governors or as officer of Council. Name of Regular Voting Member _____	\$250
<input type="checkbox"/> <b>Associate Membership (non-voting)</b> Engaged in management of ad valorem taxes for at least 3 consecutive years and employed by business entity not managing taxes for others. Not eligible to vote, serve on Board of Governors or as officer of Council.	\$250
<input type="checkbox"/> <b>Subscribing Membership (non-voting)</b> Not engaged in management of ad valorem taxes or employing a current Regular Member. Membership may be held in name of company or individual. Not eligible to vote, serve on Board of Governors or as officer of Council.	\$250
<input type="checkbox"/> <b>Affiliate Membership (non-voting)</b> Employed by business entity engaged in management of ad valorem taxes for less than 3 years. Not eligible to vote, serve on Board of Governors or as office of Council.	\$250

\*Employee: Employees, consultants or principals whose substantial professional service is the management of ad valorem taxes for others.

Date of Application  Name

Date of Birth  Current Employer

Mailing Address

City  State  Zip

Phone (  )

Fax (  )

E-Mail Address

Note: Information contained herein is subject to verification and approval by the Board of Governors.

Total Enclosed: \$

Recommended for membership by

**Personal Data**

Are you a member of any other professional organizations? Do you possess any professional certificates or licenses? If yes, please list:

Have you ever been convicted of a misdemeanor or felony? If yes, please explain:

**Employment Data** - List below all present and past employment for the past five years, with your most recent first.

<b>Name and Address of Company and Type of Business</b>	<b>Describe in detail the work you did</b>	<b>Name of Supervisor</b>
Name		
Address		
Phone		
Dates Worked (m/y) From <input type="text"/> to <input type="text"/>		
<b>Name and Address of Company and Type of Business</b>	<b>Describe in detail the work you did</b>	<b>Name of Supervisor</b>
Name		
Address		
Phone		
Dates Worked (m/y) From <input type="text"/> to <input type="text"/>		
<b>Name and Address of Company and Type of Business</b>	<b>Describe in detail the work you did</b>	<b>Name of Supervisor</b>
Name		
Address		
Phone		
Dates Worked (m/y) From <input type="text"/> to <input type="text"/>		

<b>Name and Address of Company and Type of Business</b>	<b>Describe in detail the work you did</b>	<b>Name of Supervisor</b>
Name		
Address		
Phone		
Dates Worked (m/y) From <input type="text"/> to <input type="text"/>		
<b>Name and Address of Company and Type of Business</b>	<b>Describe in detail the work you did</b>	<b>Name of Supervisor</b>
Name		
Address		
Phone		
Dates Worked (m/y) From <input type="text"/> to <input type="text"/>		

I hereby apply for membership in the National Council of Property Taxation and certify that the above information is correct, and upon request I will submit to verification of such information. I understand that if my application for membership is approved, any false statements or omissions on the application or any other material required for membership approval shall be considered sufficient cause for revocation of my membership. NCPT is hereby authorized to investigate my personal history as given on this application. I agree to abide by the Bylaws and Code of Ethics and also agree to be governed by them as well as to promote the objectives of the Council.

Signed  Date

**Membership year is January 1 through December 31.**

**Company or personal checks may include all applying members and should be made payable to NCPT.**

Contributions or gifts to this organization are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary business expense.