



Membership Application Form and Agreement

Complete this Membership Application Form and Agreement to join TFI now. There are several ways to become a member. To join by mail, print this Application Form and Agreement, sign it and make a photocopy for your records. Send the original to the Tax Freedom Institute at the address shown below. Include a check in the correct amount or your credit card information. If you wish to become a Consulting Member, you must contact our office first to determine your eligibility.

Sign Up by Phone

You can call us at 800-346-6829 and provide your information over the phone and get your questions answered.

You can have us call you to take your information over the phone. Just email here: **info@taxfreedominstitute.com**. Be sure to include your full name, company name, telephone number and extension, and let us know the best time to call you. Please **DO NOT** include credit card information in email correspondences.

Sign Up by Fax

You can fax your Membership Application Form and Agreement to 651-439-3998.

Sign Up by Mail

To join by mail, print the Membership Application Form and Agreement, sign it and make a photocopy for your records. Send the original to the Tax Freedom Institute at the address shown below. Include a check in the correct amount. If you wish to become a Consulting Member, you must contact our office first to determine your eligibility.

Tax Freedom Institute
215 W. Myrtle Street
Stillwater, MN 55082
800-346-6829
Fax 651-439-3998

Sign Up Online

Visit our website at www.taxfreedominstitute.com to register online using our secure cart checkout system.

TFI New Member Acknowledgment: "As a member of the Tax Freedom Institute (TFI), I hereby agree to earnestly pursue an education in the areas of taxpayers' rights issues, IRS abuse prevention and cure, and problems resolution associated with the administration and enforcement of the Internal Revenue Code.

"I agree to earnestly study the books and materials written by Daniel J. Pilla, as well as other TFI instructors, to complete the study guides provided by TFI, and to employ my professional judgment in the use and application of such material to the cases I handle in my daily practice. To maintain my status as a TFI member, I acknowledge that I must complete the number of annual CPE credits required of my membership level as explained in the membership information section of this website, which I have read and understand.

"I acknowledge that I have exercised reasonable due diligence in determining that membership in TFI is consistent with all ethical considerations applicable to my profession. I agree to act at all times consistent with such ethical considerations.

"In consideration for my membership fee, TFI agrees to provide services to its members as set forth in this website."

Personal and Firm Information

Your Full Name and Type of Practice, i.e., Attorney, Accountant, Enrolled Agent

Firm Name

Street Address Line 1

Street Address Line 2

City, State and Zip

Area Code, Telephone

FAX Phone

E-mail address

Company website

Additional Member Name

E-mail Address

Additional Member Name

E-mail Address

Please enroll me in the following type of TFI Membership:

Certified Member -- Annual Fee \$495

One year - \$495 \$ _____

Two Years – \$890 \$ _____

Three Years - \$1,190 \$ _____

Consulting Member -- Annual Fee \$1,495

One year - \$1,495 * \$ _____

Two Years - \$2,541 * \$ _____

Three Years - \$3,364 * \$ _____

*** NOTE: Consulting Member status is limited** by experience and geographical area. We limit the number of consulting members in our organization in order to maximize the value of the membership. **You must discuss your membership with our staff before it will be accepted.**

Additional members of your firm may receive the benefits of a Certified Membership at the discounted certified rate of \$149.

Additional Certified Member(s) -- \$149 each/year \$ _____

Total amount due Tax Freedom Institute \$ _____

Be sure to provide the full names and email addresses of all additional members within your firm.

Credit Card Payment Information

Credit Card Type _____

Credit Card Number _____

Name on Card _____

Expiration Date _____ CVN _____

“By submitting this application, I hereby accept the terms of membership in TFI as expressed above and I have read and understand the material provided by TFI in this website. I agree to the type of membership shown above and include a check or credit card information in the amount indicated.”

Signature _____ Date: _____