



TAXPAYERS DEFENSE INSTITUTE

AN ASSOCIATION OF TAX PROFESSIONALS IN DEFENSE OF TAXPAYERS' RIGHTS

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Membership Agreement

Complete both pages of this Membership Agreement. Sign the original. Make a photocopy for your records. Send the original to the Taxpayers Defense Institute at the address shown below. Include a check in the correct amount and send a headshot photo and personal biography for our directory.

TDI New Member Acknowledgment: "As a member of the Taxpayers Defense Institute (TDI), formally known as 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 study the books and materials written by Daniel J. Pilla, as well as other *TDI* instructors, to complete the initial study guides provided by *TDI*, and to employ my professional judgment in the use an application of such material to the cases I handle in my daily practice."

"I have read and understand the requirements of my membership level as explained in the membership information brochure and I acknowledge that I have exercised reasonable due diligence in determining that membership in *TDI* 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 that I renew yearly, *TDI* agrees to provide services to its members as set forth in the membership information brochure transmitted with this form."

Personal and Firm Information

Your full Name and Type of Practice , i.e., Attorney, Accountant, Enrolled Agent
(Please include personal biography on a separate sheet.)

Firm Name

Street Address and Suite No.

City, State and Zip

Area Code, Telephone, and FAX Phone

Email

Website

Membership Agreement, Con't

Please enroll me in the following type of *TDI* Membership:

_____ **Certified Member -- Annual Fee \$695** \$ _____

Additional members of your firm may receive the benefits of a Certified Membership at the discounted certified rate of \$395.

_____ # Additional memberships @ \$395 each \$ _____

_____ **Company Premier Membership -- Annual Fee \$1,295** \$ _____

Firm membership- up to three certified memberships. Additional certified membership available at \$395 each.

TDI Consulting Member -- \$1,995 each – by invitation only, contact us.

Total amount due Taxpayers Defense Institute = \$ _____
(Add amounts on all lines for total.)

Be sure to provide the full names and email addresses of all additional members within your firm. For each additional member, please provide type of practice and experience and a headshot photo.

I hereby accept the terms of membership in *TFI* as expressed above and I have read and understand the material provided by *TFI* in its Membership Information Package. I agree to the type of membership shown above and include a check or credit card information in the amount indicated. (Each member must sign this agreement.)

First member name	type of practice (ie CPA, Attorney, tax professional)	email
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Signature		Date
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Additional firm member	type of practice (ie CPA, Attorney, tax professional)	email
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Signature		Date
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Additional firm member	type of practice (ie CPA, Attorney, tax professional)	email
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Signature		Date
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