



MEMBERSHIP DATA FORM

Last Name: _____ First Name: _____

Company Name: _____

Branch/Agency Address: _____

Phone: (Office) _____ (Cell) _____

E-mail Address: 1 _____

2 _____

Date of Birth (DD/MM/YY) ____/____/____/

Insurance Education Qualifications:

LUATC: 101 () 102 ()

IFATC: 101 () 102 () 103 ()

LUTCF: 201 () 202 () 251 () 261 () 211 ()

FSS: 262 () 263 () 271 ()

AMTC () MSS () FMS () PMW () CIAM ()

Other _____

To which Chapter do you belong?

North () South () East () None ()

If none, please indicate on which chapter you would like to serve:

North () South () East ()

Would you like to serve on any of TTAIFA's Committees?

Committee Listing:

Membership Committee	Yes ()	No ()
Publicity and Information Committee	Yes ()	No ()
Taxation and Legislation Committee	Yes ()	No ()
Ethics and Practice Committee	Yes ()	No ()
Marketing Practices Committee	Yes ()	No ()
Education Committee	Yes ()	No ()
Day of Common Concerns/ Fund Raising	Yes ()	No ()
Award Committee	Yes ()	No ()
Congress Committee	Yes ()	No ()
Moderators Training	Yes ()	No ()

Thank you for your cooperation!

You may e-mail your completed form to:

officeadmin@ttaifa.com

129 Edward Street, Port-of-Spain, Trinidad and Tobago, (868) 624-2940, (868) 627-0208