



MEMBERSHIP DATA FORM

Last Name: _____ First Name: _____

Date of Birth (DD/MM/YY): ____ / ____ / ____ Phone Number Mobile: _____

Phone Number Office: _____

Company: _____

Branch/Agency Address: _____

Primary E-mail Address: _____

Secondary E-mail Address: _____

INSURANCE EDUCATION QUALIFICATIONS:

IFATC: 101 () 102 () 103 ()

LUTCF: 201 () 202 () 251 () 261 () 211 () 290 ()

FSS/FSCP: 262 () 263 () 271 () 257 () 99 ()

OTHER: AMTC () MSS () FMS () PMW () CIAM ()

Diploma () Associates () Bachelors () Masters ()

TO WHICH CHAPTER DO YOU BELONG?

Where you live 1st or work 2nd

North () South () East () Tobago ()

WOULD YOU LIKE TO SERVE IN ANY TTAIFA COMMITTEE?

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 ()
Insurance Month Committee	Yes ()	No ()

TTAIFA VALUES YOUR CONTRIBUTION

ANY COMMENTS OR RECOMMENDATIONS:

THANK YOU FOR COMPLETING THIS FORM!

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 TTAIFA's Purpose: "To Enrich T&T one family at a time by ensuring the long-term growth of our Industry".