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# MEMBERSHIP REGISTRATION FORM

(Please ensure all information is legible)

Last Name: ..... (Mr. /Mrs. /Ms.) First Name: ..... D.O.B: .....

Office Phone: ..... Ext: ..... Mobile (1): ..... Mobile (2): .....

Company/Agency: ..... Email: .....

Company Address: .....

Chapter:  North  South  East

(Please indicate appropriate option for the FSCP module passed)

- |                                    |                                 |                                 |                                 |                                 |                                 |
|------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Completed | <input type="checkbox"/> FA 201 | <input type="checkbox"/> FA 202 | <input type="checkbox"/> FA 251 | <input type="checkbox"/> FA 257 | <input type="checkbox"/> FA 261 |
| <input type="checkbox"/> FA 290    | <input type="checkbox"/> FA 262 | <input type="checkbox"/> FA 263 | <input type="checkbox"/> FA 271 | <input type="checkbox"/> FP 99  |                                 |

(Please indicate any other designations completed)

- AMTC  ChFC  CLU  FA 200 Others (.....)

Membership (VAT Inclusive)  Renewal - \$1,125.00  New Member - \$1,237.50

(Please indicate payment method)

- Linx  Cash  Company Cheque  Personal Cheque  Visa/MasterCard

(Please indicate committee(s) that would interest to you)

- |  |                                    |   |                                       |
|--|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Membership        | <input type="checkbox"/> Publicity | <input type="checkbox"/> Taxation & Legislation | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Ethics & Practice | <input type="checkbox"/> Marketing | <input type="checkbox"/> Education              | <input type="checkbox"/> Awards       |

.....  
Applicant

.....  
Date

.....  
Chapter President

.....  
Date