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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)*

- Completed  FA 201  FA 202  FA 257  FA 261  FA 290  
 FA 262  FA 263  FA 271  FP99

*(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)*

- Membership  Publicity  Taxation & Legislation  Fund Raising  
 Ethics & Practice  Marketing  Education  Awards

.....  
*Applicant*

.....  
*Date*

.....  
*Chapter President*

.....  
*Date*