129-131 Edward Street, P.O.S
Tel 1: (868) 624-2608
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https://ttaifa.com

TTAIFA
TRINIDAD AND TOBAGO ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

MEMBERSHIP REGISTRATION FORM

Please ensure all information is accurate and legible

SURNAME: _____ FIRST NAME: _____ D.O.B _____

OFFICE NO: _____ EXT: _____ MOBILE (1): _____ MOBILE (2): _____

COMPANY: _____ EMAIL: _____

COMPANY ADDRESS: _____

A member must either live or conduct business at a branch that is located in the area selected

CHAPTER: ◯ NORTH ◯ SOUTH ◯ EAST

Please indicate the appropriate TTAIFA modules passed and other educational achievements

COMPLETED:
☐ FA 201 ☐ FA 202 ☐ FA 251 ☐ FA 257
☐ FA 261 ☐ FA 290 ☐ FA 271 ☐ FP 99
☐ AMTC ☐ ChFC ☐ CLU ☐ FA 200
☐ OTHERS:

Fees are VAT INCLUSIVE

MEMBERSHIP: ◯ RENEWAL - TT $ 1,125.00 ◯ NEW MEMBER - TT $ 1,237.50

PAYMENT METHOD: ◯ CASH ◯ DEBIT ◯ CREDIT ◯ PERSONAL CHEQUE ◯ COMPANY CHEQUE

Please indicate committee(s) that would interest to you

☐ MEMBERSHIP ☐ PUBLICITY ☐ TAXATION & LEGISLATION ☐ FUND RAISING
☐ ETHICS & PRACTICE ☐ MARKETING ☐ EDUCATION ☐ AWARDS

_____ _____
APPLICANT SIGNATURE DATE SIGNED

_____ _____
CHAPTER PRESIDENT'S SIGNATURE DATE SIGNED
(OFFICIAL USE ONLY) *(OFFICIAL USE ONLY)*