

**MEMBERSHIP APPLICATION FORM**

Name of Association: ....................................................................................................................................

........................................................................................................................................................................

Short name of Association: ...........................................................................................................................

Address of Association: .................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Telephone: ........................................... Fax: ........................................... E-mail: .......................................

Name of President: ........................................................................................................................................

Secretary: ......................................................................... Treasurer: ..........................................................

Present number of members in your Association: ........................................................................................

Present number of financial Members: .........................................................................................................

Last election held on: .................................................. Length of term of office: ............................. Years

Purpose of Organization: Brief History: .......................................................................................................

........................................................................................................................................................................

......................................................................................................................................................................

Skills/Expertise being brought into the TTGPA: ............................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

Frequency of need for use of Conference Facilities: ...................................................................................

Main Source of Income/Funding: ................................................................................................................

......................................................................................................................................................................

THE FOLLOWING DOCUMENTS TO BE SUBMITTED:

* Certificate of Incorporation/Registration
* Constitution or By-Laws
* Most Recent Financial Statements (past two years)

Position: .............................................................................. Signature: ........................................................

(Please print)

Referred by: ...................................................................................................................................................

Person and organization

Date of application: ........................................................................................................................................

**FOR OFFICIAL USE ONLY**

Date received: ............................................... Date accepted into membership: .........................................

Signature of person processing application: ..................................................................................................

Comments: .....................................................................................................................................................

........................................................................................................................................................................

Payments: ......................................................................................................................................................

Membership class A, B, other: .....................................................................................................................

**Send completed application to**:-

The Secretary

Trinidad and Tobago Group of Professional Associations Limited

The Professional Centre

11-13 Fitzblackman Drive South, Woodbrook, Port of Spain

Tel: 627-1539 Tel/Fax: 623-5434

Email: [adminmanager@ttgpa.org](mailto:adminmanager@ttgpa.org); [secretariat@ttgpa.org](mailto:secretariat@ttgpa.org);