



Application for Membership

THE TTAIFA VISION STATEMENT: *To be the foremost and trusted provider of the professional services for the Insurance and Financial Sector.*

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Company: _____

Office Phone: _____ CELL: _____ CONTRACT DATE: ____/____/____

CARAIFA ID #: _____ Date of Birth: (D/M/Y) _____ E-mail Address: _____

Any Medical Condititons: _____

Physician's Name: _____ Office Phone _____

POSITION: Agent/Salesperson Unit Manager/Supervisor Branch/Agency Manager Head Office Personnel

IF HEAD OFFICE OFFICIAL, STATE MAIN DUTIES: _____

FORMER POSITION/OCCUPATION: _____

EDUCATIONAL BACKGROUND: College – Main Courses Completed YEAR

UNIVERSITY DEGREE(S) YEAR

INSURANCE/ FINANCIAL COURSES YEAR

OTHER: SERVICE CLUBS/COMMUNITY ORGANISATIONS YEAR

Signature _____

Date _____

FOR OFFICIAL USE ONLY: Membership Fee \$608.69 + VAT (\$700.00) Administration Fee - \$25.00 + VAT (\$28.75)

RENEWALS - \$700.00 NEW APPLICATIONS - \$728-75

APPROVED YES NO DATE: _____

NATIONAL PRESIDENT _____ SIGNATURE _____

CHAPTER

EAST NORTH SOUTH TOBAGO