



TRINIDAD AND TOBAGO ASSOCIATION OF
INSURANCE AND FINANCIAL ADVISORS
(Formerly L.U.A.T.T.)

129 Edward Street, Port of Spain, Trinidad W.I.,
Tel: 868-624-2940 Fax: 868-627-0208
email: ttaifa@wow.net

APPLICATION FOR MEMBERSHIP

SURNAME: _____

FIRST NAME: _____

HOME ADDRESS: _____

COMPANY: _____

BUSINESS ADDRESS: _____
(Branch/Agency)

BUSINESS TEL: _____ Fax: _____

CONTRACT DATE: _____
 dd mm yr

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

If Head Office Official, State Main Duties:

Former Position/Occupation:

To which chapter do you wish to belong:

EAST NORTH
SOUTH TOBAGO

EDUCATIONAL BACKGROUND

College – Main Courses Completed

UNIVERSITY DEGREE(S)

INSURANCE/FINANCIAL COURSES

OTHER: _____

SERVICE CLUBS/COMMUNITY ORGANISATIONS

FOR OFFICIAL USE ONLY

Membership fee \$608.69 + VAT (\$700.00)

Administration fee - \$25.00 + VAT (\$28.75)

Total membership fee - \$728.75 (TT\$)

Please note that renewal membership fee thereafter would be \$700.00 (TT\$) each year until further notice.

APPROVED (Chapter Board Membership Chairman)

Date: _____

Signature: _____

APPROVED (Chapter President)

Chapter President 's name in block _____

Signature of Chapter President: _____

NATIONAL BOARD APPROVED (Membership Chairman)

Date: _____

Signature: _____

National President _____

(Name in block)

National President's Signature _____



**THE TTAIFA
VISION/MISSION
STATEMENT**

*To be recognised by our customers
as the professional Association of
choice in the Financial Services
Sector by constantly providing
irresistibly better opportunities for
our members to develop their
potential to its fullest that they in
turn will impact positively on the
lives of their customers.*