# APPLICATION FOR MEMBERSHIP

Important: Please complete all sections in blocks letters using black or blue ink.

INSTITUTE OF SURVEYORS OF TRINIDAD AND TOBAGO

Before completing this form, applicants should read carefully the rules of membership.
This form must be completed by first time applicants for ISTT membership.

## SECTION A - PERSONAL INFORMATION

Name: _____ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐
Surname First Name Middle Name

Present Address: _____

Country: _____ Nationality: _____

Mailing Address (if different from above): _____

Email Address: _____ Date of Birth: ___/___/_____ Male ☐ Female ☐
dd mm yyyy

Telephone/ Mobile Contact: _____

Place of Employment (if applicable): _____

Address of Employer (if applicable): _____

Application for membership Division: Land ☐ Quantity ☐ Valuation ☐

Application for Membership Type: Full-Membership ☐ Associate-Membership ☐

Are you an Associate Member? Yes ☐ No ☐

If Yes, which division: _____

Have you previously applied for Full-Membership with ISTT? Yes ☐ No ☐

If Yes. Please indicate the date of the previous application: _____

Please indicate the reason for its non-approval: _____

## SECTION B - EMPLOYMENT DETAILS/ APPROVED SURVEYING EXPERIENCE (FULL-MEMBERSHIP)

In this section, applicants must provide details of employment and approved surveying experience*. Please list the last three employers beginning with most recent.
I have complied with the requirements of the members rules and have obtained 2 years approved surveying experience in the period _____to_____.

| From | To | Name of Employer | Location | Position | Nature of Work |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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*"Approved Surveying Experience" - Acquired a minimum of 2 years working experience in the relative discipline of qualification. The experience must be acquired in the Republic of Trinidad and Tobago at the conclusion of the required course of study.

## SECTION C - FIT & PROPER DECLARATION

a) Are there any criminal charges or professional disciplinary proceedings pending against you?

b) Have you ever been:

1. Found guilty of a criminal offence? Yes ☐ No ☐
2. Adjudged bankrupt? Yes ☐ No ☐
3. Subject to disciplinary proceedings by a professional body/registered society Yes ☐ No ☐

If you have answered yes to any of the above, please provide details and attach other page(s) as needed:

_____

_____

_____

# APPLICATION FOR MEMBERSHIP CONT'D

Has any regulatory body ever refused to issue you with a license or revoked, cancelled, accepted surrender of, suspended, or refused to renew a professional license/certificate held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you? Yes☐ No☐

If Yes, please provide details and attach other page(s) as needed:

_____

_____

_____

## SECTION D - DECLARATION OF APPLICATION

I confirm that I have read the Notes at the end of this section and I declare that:

- In signing the ISTT Application for Membership Form, I confirm that I will abide by the provisions of the ISTT Rules and Regulations, the Code of Ethics, and relevant standards as adopted by ISTT(and/or any subsequent regulations replacing or amending, in full or part, these regulations)
- I have met the ethical, educational and experience requirements and have provided evidence of this in the required manner and format.
- I understand that my Application for Membership may be refused if I have not demonstrated that my experience and knowledge are up to date.
- I acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification; I therefore accept my responsibility to undertake adequate continuing professional development.
- I agree to pay the membership fees as prescribed and understand that I will be invoiced for this amount on the approval of my membership application. I am aware that a failure to pay sums due to ISTT by January 1 of each year may lead to my removal from the Register of Members.
- I have included everything ISTT needs to know, and there is nothing else I should bring to ISTT's attention at the present time.
- The information provided in this form is true, accurate and complete to the best of my knowledge and belief. I understand that a false declaration on this form may lead to disciplinary action against me and/or may invalidate any decision related to the application.

## NOTES

The ISTT's Rules and Regulations, the Code of Ethics, and/or any relevant standards as adopted by ISTT set out the details of the events which could lead to disciplinary action. These events include (but are not limited to) the following: Incompetence in carrying out work; breach of ISTT's Rules or Regulations; disciplinary action against you by another professional body or regulator; bankruptcy or insolvency; failure to satisfy a judgment debt without reasonable excuse within six months; criminal conviction and/or caution; civil finding of acting fraudulently or dishonestly as a party or witness in civil proceedings; misconduct – this includes (but is not limited to) any act or omission which brings, or is likely to bring, discredit to you, a relevant firm, ISTT or the profession.

Applicant's Signature: _____ Date: ____/____/_____ (dd/mm/yyyy)

## DECLARATION OF RECOMMENDER

A completed application must be supported by (1) recommendation for an active member of ISTT and a copy of a form of their identification.

Recommender's Name: _____ DP/I.D./Passport No.: _____

I declare that I have known Mr./ Mrs./ Mr./ Dr. _____

for a period of _____years and for the best of my knowledge I consider him/her a fit and proper person to be considered for membership to the Institute of Surveyors of Trinidad and Tobago (ISTT)

Signature of Recommender: _____ Date: ____/____/_____ (dd/mm/yyyy)

# APPLICATION FOR MEMBERSHIP CONT'D

INSTITUTE OF SURVEYORS OF TRINIDAD AND TOBAGO

**PAYMENT METHOD**

Application fee: $500

Annual Subscription Full-Membership: $1000

Annual Subscription Associate-Membership: $750

The Annual Subscription is due on January 1st of each year immediately following registration

## FOR OFFICIAL USE

Application Date: ___/___/_____ (dd/mm/yyyy) Amount Paid: _____ Receipt No.:_____

Documents Submitted:

- ☐ Passport-Sized Photo
- ☐ Copy of Identification
- ☐ Academic Qualifications
- ☐ Transcript
- ☐ Proof of Working Experience
- ☐ Recommender's ID

Application reviewed by: _____

Interview Date: ___/___/_____

Interviewer Panel:

Chair Admissions Committee _____ (Name) _____ (Signature)

Admissions Committee _____ (Name) _____ (Signature)

Admissions Committee _____ (Name) _____ (Signature)

**Interview Notes**

_____

_____

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### DECISION OF THE COMMITTEE OF MANAGEMENT

Approved for Full-Membership ☐ Approved for Associate-Membership☐ Not Approved ☐ Deferred ☐ Date: ___/___/_____ (dd/mm/yyyy)

Please state reason for Not Approved/ Deferred Applicant

_____

_____

_____

Approved Membership Number: _____