Membership Application Form

Please complete all sections in block letters using black or blue ink; Before completing this form, applicants should carefully read the rules of membership set out in our Bylaws available on our website or upon request; This form must be completed by applicants for ISTT membership; Completed applications are to be sent to **info@instituteofsurveyors.com** for review; Contact us at 468-3356 for assistance.

INSTITUTE OF SURVEYORS OF TRINIDAD AND TOBAGO
Established 1996

SECTION A – PERSONAL INFORMATION

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

Home Address: _____

Country of Residence: _____ Nationality: _____

Mailing Address (if different from above): _____

Email address: _____ Date of birth: ____/____/____ ☐ Male ☐ Female
dd mm yyyy

Telephone Contacts: _____

SECTION B – MEMBERSHIP INFORMATION

Division: ☐ Land ☐ Quantity ☐ Valuation ☐ Building

Membership type: ☐ Full ☐ Associate ☐ Student

Are you currently a member? ☐ Yes ☐ No

If yes, _____ _____
division membership type

Have you previously applied for membership? ☐ Yes ☐ No

If yes, please indicate the date of the previous application: _____

Please indicate the reason for its non-approval: _____

_____

Fees:
Application Fee for Full & Associate Membership: TT$500 (non-refundable) for Student Membership:TT$50
Annual Subscriptions for Full Membership: TT$1,000 for Associate Membership:TT$750

Notes:
Applicants for full membership will be invited for a technical interview pending this application's approval by the Admissions Committee. Only complete applications will be considered. The Board of Directors reserves the right to adjust the application fees without prior notice to applicants.

SECTION C – ACADEMIC QUALIFICATIONS

Qualification	Institution	Year

SECTION D – EMPLOYMENT HISTORY & EXPERIENCE

In this section, applicants must demonstrate two (2) years of relevant surveying experience post completion of the relevant course of study under the supervision of a current full member of the ISTT. If required, please supplement your experience on another page.

From: ____/____/____ (dd mm yyyy) To: ____/____/____ (dd mm yyyy) _____ Employer

Supervisor: _____

Position/Nature of work: _____

From: ____/____/____ (dd mm yyyy) To: ____/____/____ (dd mm yyyy) _____ Employer

Supervisor: _____

Position/Nature of work: _____

From: ____/____/____ (dd mm yyyy) To: ____/____/____ (dd mm yyyy) _____ Employer

Supervisor: _____

Position/Nature of work: _____

SECTION E: FIT & PROPER DECLARATION

Are there any criminal charges or professional disciplinary proceedings pending against you? ☐ Yes ☐ No

Have you ever been:

- Found guilty of a criminal offence? ☐ Yes ☐ No
- Adjudged bankrupt? ☐ Yes ☐ No
- 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 supplement with additional pages if required.

_____

_____

_____

Have 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 your now or previously or ever fined, censured, reprimanded or otherwise discipline you? ☐ Yes ☐ No

If you have answered yes to any of the above, please provide details and supplement with additional pages if required.

_____

_____

SECTION F: DECLARATION

I declare that:

- In signing this membership application form, I confirm that I will abide by the provisions of the existing ISTT's Bylaws.
- I have met the ethical, education and experience requirements and have provided evidence of this in the required manner and format.
- I understand that my application 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 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 the ISTT needs to know, and there is nothing else I should bring to the ISTT's attention at the time of signing this membership application form.
- 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 Bylaws sets 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 the ISTT's Code of Ethics; disciplinary action against you by another professional body or regulator; bankruptcy or insolvency; failure to satisfy a judgement debt without reasonable excuse within six month; criminal conviction and/or caution; civil finding of acting fraudulently or dishonestly as a party or witness in civil proceedings; misconduct – this includes, but not limited to, any act or omission which brings, or is likely to bring, discredit to you, a relevant firm, the ISTT or the profession.

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

SECTION G: RECOMMENDATION

A completed application must be supported by one (1) recommendation from an active full member of the ISTT and a copy of a valid form of their identification.

Recommender's Name: _____ ☐ ID ☐ DP ☐ Passport No: _____

I consider _____ to be a fit and proper candidate to be considered for Full membership, as I have mentored him/her for a period of_____.

List areas of major experiences and competencies:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Recommender's Signature _____ Date: ____/____/____
dd mm yyyy

SECTION H: SUBMISSION CHECKLIST

- ☐ Passsport-sized photo
- ☐ Copy of valid photo-identification
- ☐ Application Fee
- ☐ Transcript
- ☐ Proof of experience
- ☐ Recommender's identification

FOR OFFICIAL USE

Application Date: ____ / ____ / ____ (dd mm yyyy) Amount Paid: TTD _____ Receipt No: _____

Appplication Reviewed by: _____ Interview Date: ____ / ____ / ____ (dd mm yyyy)

Interview Panel:

Chair: _____ Name _____ Signature

Member: _____ Name _____ Signature

Member: _____ Name _____ Signature

Interview Notes:

Education: ☐ Satisfactory ☐ Unsatisfactory Experience: ☐ Satisfactory ☐ Unsatisfactory Ethics: ☐ Satisfactory ☐ Unsatisfactory

DECISION OF THE BOARD OF DIRECTORS

☐ approved ☐ not approved ☐ deferred Date: ____ / ____ / ____ (dd mm yyyy)

Please state reason for non-approval/deferral & any recommendations:

_____

_____

_____

Approved membership number: _____ President's Signature: _____