

The Professional Centre  
 11-13, Fitzblackman Drive,  
 Woodbrook,  
 PORT-OF-SPAIN  
 Republic of Trinidad & Tobago



Tel: 468-3356  
 E-mail: istt09@mail.tt  
 Website: www.instituteofsurveyors.com

### Membership Application Form

Name:		
Home Address:		
Tel:	(R)	(C)
Fax:		
E-mail:		
Work Address:		
Tel:		
Fax:		
E-mail:		
<b>TYPE OF MEMBERSHIP (tick as appropriate)</b>		
		New Application <input type="checkbox"/>
		Re-Admission <input type="checkbox"/>
<input type="checkbox"/>	Full Member	
<input type="checkbox"/>	Associate Member	
<input type="checkbox"/>	Student Member	
<b>DIVISION (tick as appropriate)</b>		
<input type="checkbox"/>	Land Surveying:	
<input type="checkbox"/>	Quantity Surveying:	
<input type="checkbox"/>	Valuation Surveying:	
<input type="checkbox"/>	Other (State)	
<b>QUALIFICATIONS (tick as appropriate)</b>		
<input type="checkbox"/>	Professional (Attach copies of graduate and post-graduate diplomas)	
<input type="checkbox"/>	Experience (Provide evidence of professional experience after graduation)	
<input type="checkbox"/>	Student Status (Provide evidence of course enrolment)	
<b>FEES (tick as appropriate)</b>		
<b>Entrance Fee:</b>		
<input type="checkbox"/>	Full/ Associate Member (\$100.00 -to be submitted with application for membership)	
<input type="checkbox"/>	Student Member (\$25.00 -to be submitted with application for membership)	
<b>Annual Subscription:</b>		
<input type="checkbox"/>	Full/Associate Member (\$500.00 -due on the 1 <sup>st</sup> day of January each year)	
<input type="checkbox"/>	Student Member (\$25.00 -due on the 1 <sup>st</sup> day of January each year)	
<b>METHOD OF PAYMENT (tick as appropriate)</b>		
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Cheque (Payable to 'The Institute of Surveyors of Trinidad and Tobago')	

**Declaration:** I \_\_\_\_\_ of \_\_\_\_\_ confirm that the information provided in this application is true and correct and I undertake, if elected, faithfully to observe and comply with the Articles, Bye Laws and Regulations of the Institute of Surveyors of Trinidad and Tobago for the time being in force so long as I shall remain a member.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_ **Signed:** \_\_\_\_\_

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 This applicant shall be duly enrolled as a Member of the Institute on acceptance of the recommendation of the Admissions Committee to that effect by the Committee of Management at its regular monthly meeting.

**For official use only**

Date of acceptance: \_\_\_\_\_ Membership Number: \_\_\_\_\_

**Accepted :** \_\_\_\_\_ ( President) \_\_\_\_\_ (Secretary)

**Entrance fee:** \_\_\_\_\_ **Receipt No/ Date:** \_\_\_\_\_