



APPLICATION FOR VISITING MEMBERSHIP

Please read the TTIA Rules of the Institute and the Code of Professional Conduct prior to filling out this form.

1. Complete and sign this form and return the original to the TTIA Office. Please attach original or certified copies of your degree/s and registration certificate/s where applicable. Essential information is marked (*). We cannot process your application without all essential information. Essential information for non-residents is marked with two stars (**).
2. Your application will be reviewed and signed off both by the Hon. Secretary and the President or an Executive Member. The TTIA will send you an acceptance letter upon review and approval of your application. If you do not receive an acceptance, we will advise you of the reason or ask for more information. The TTIA actively communicates with members by email and we encourage you to give us your e-mail addresses.

A – CURRENT MEMBERSHIP DETAILS

PAST MEMBERSHIP

Are you a current or have been a past member? Membership Category Membership Number

YES/NO: _____ _____ _____

B – PERSONAL DETAILS

NAME IN FULL (*) _____

| | | | |
|--|------------------|-----------------------------------------|-------------|
| | Title (Mr./Mrs.) | First Name and Surname in Block Letters | Other Names |
|--|------------------|-----------------------------------------|-------------|

Date of Birth – MM/DD/YY (*): _____

Nationality (*): Citizen of: _____ Passport/ID/DL No.: _____

Resident Status (*): _____
(Please attach certified copy of passport page with residency stamp)

Work/CSME Permit No.:(**) _____ Expiry Date (if applicable): _____

Residential Address: _____

Tel. No.: _____ Fax No.: _____

Email: _____ Mobile No.: _____

World Wide Web Address (http://www.) _____

If you have a website, web page or blog (web log), please indicate; this is optional.

C – EMPLOYMENT

Company Name & Address: _____

Country: _____ Postal Code: _____

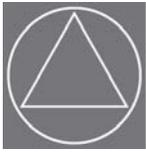
Company Tel.: _____ Company Fax: _____ Company Email: _____

Please tick appropriate box.

- Salaried - Private
 Salaried - Public Sector
 Employed Outside Profession

 Consultant
 Student
 Unemployed

The information gathered by the TTIA is used solely for the purpose of fulfilling the TTIA's mandate to you. Personal information you provide to the TTIA shall not, without your consent, be disclosed to third parties, except as permitted and required by law. The Institute shall distribute your professional information to other organisations and individuals interested in using the services of our members or which otherwise are required to be informed.



D – EMPLOYMENT STATEMENT (Please sign appropriate field)

E.1 I declare that _____ is an employee of _____ and his/her employment with us does not satisfy any of the criteria below:

- a director of a company or a partner in a partnership engaged in architectural practice, **OR** a director or partner of a firm operating in the construction industry, **OR** derive more than 20% of his/her annual income attributable to architectural practice from self-employment in architectural practice as a sole practitioner, **OR** a self employed independent contractor to an architectural practice, **OR** an employee, shareholder partner or beneficiary of a business entity providing services to the architectural practice, or employed by an architectural practice, and also entitled to receive any distribution of profit from a business entity which controls the architectural practice, **OR** employed by a business entity controlling an architectural practice, and also entitled to any distribution of profit from the architectural practice.

Signed by Principal/Director _____ **Print Name:** _____

OR

E.2 I declare that I am an employee of _____ and my employment satisfies any of the criteria listed above:

Signed by Principal/Director _____ **Print Name:** _____

F – CORRESPONDENCE DETAILS

Send correspondence to: (Please tick appropriate field) Home Address Business Address

G – QUALIFICATIONS

Please provide details of your professional qualifications and certified copies of your graduation certificate/s.

| | | |
|----------------------------|------------------------------------------------|----------------|
| _____ | _____ | _____ |
| Professional Qualification | Tertiary Institution (University, School etc.) | Date Graduated |
| _____ | _____ | _____ |
| Professional Qualification | Tertiary Institution (University, School etc.) | Date Graduated |

H – TRAINING, EXPERIENCE, SCHOLARSHIPS, STUDY TRAVEL, PUBLISHED WORKS

Please attach certified copies of your training and experience in the form of reference letters, certificates, diplomas, curriculum vitae etc.

J – MEMBERSHIP IN OTHER INSTITUTES & ASSOCIATIONS OF ARCHITECTURE

Are you a member of any other institutes or professional bodies? (Please name the institute or body and your membership type) e.g. student, graduate, member, etc.

Body _____ **Membership Type:** _____

DECLARATION BY CANDIDATE

I, (NAME IN FULL) _____, wish to be admitted as a **VISITING MEMBER of the Trinidad & Tobago Institute of Architects**, do hereby declare that the above is a True Statement of my Particulars and that I have read and understood the Rules of the Institute. I confirm the above with my signature.

Signature: _____ **Date (DD/MM/YY):** _____

FOR OFFICIAL USE ONLY Enrolment Confirmed by: _____

Elected by Executive on: _____

Signed (Honorary Secretary): _____

Signed (President or Other Executive Member): _____

Application Approval Result Notification: _____

Presented to the President and Executive Members on: _____

Name announced at Business Meeting and Minuted on: _____

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