



APPLICATION FOR STUDENT 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. PERSONAL DETAILS

PAST MEMBERSHIP

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

YES/NO _____ _____ _____

NAME IN FULL (*)

	Title (Mr./Mrs./Ms./Other)	Surname in Block Letters	Other Names
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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): _____

B. OTHER DETAILS

Please tick appropriate answer.

Yes

No

Residential Address: _____

Tel. No.: _____ Fax No.: _____ Email: _____

Name of Parent/Guardian (if applicable): _____

Mobile No. of Parent/Guardian (if applicable): _____

University Address (where you are currently studying):

Tel. No.: _____ Fax No.: _____ Email: _____

Student Address (where you are currently staying):

Tel. No.: _____ Fax No.: _____ Email: _____

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



C. CORRESPONDENCE

Send correspondence to:

- Home Address University Address Residence at study location

D. QUALIFICATIONS

University/School of Architecture where you are enrolled:

Please provide a copy of your approved student registration form from the University/School of Architecture where you are enrolled.

Year Level: _____

Degree for which you are studying: _____

Anticipated Year of Graduation: _____

E. DECLARATION BY CANDIDATE

I, (NAME IN FULL) _____, wish to be admitted as a **Student 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: _____