

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 Transfer Request Form

Name:	
Mailing Address line 1:	
Mailing Address line 2:	
Contact phone:	Mobile phone:
E-mail address private:	
Work Address:	
Work Telephone No:	Work Fax No:
Work E-mail address:	
CURRENT MEMBERSHIP STATUS (tick as appropriate)	
<input type="checkbox"/> Associate Member	<input type="checkbox"/> Student Member
MEMBERSHIP TRANSFER REQUESTED(tick as appropriate)	
<input type="checkbox"/> To Full Member	<input type="checkbox"/> To Associate Member
DIVISION (tick as appropriate)	
<input type="checkbox"/> Land Surveying:	
<input type="checkbox"/> Quantity Surveying:	
<input type="checkbox"/> Valuation Surveying:	
<input type="checkbox"/> Other (State)	
EVIDENCE OF ADDITIONAL QUALIFICATIONS/EXPERIENCE (tick as appropriate)	
<input type="checkbox"/> Professional qualification (You must Attach copies of graduate and post-graduate qualifications)	
<input type="checkbox"/> Experience (You must Provide evidence of professional experience beyond current membership)	
FEES (tick as appropriate)	
Transfer Fee:	
<input type="checkbox"/> Associate Member to Full Member (\$100.00 to be submitted with application for transfer)	
<input type="checkbox"/> Student Member to Associate Member (\$100 to be submitted with application for transfer)	
Annual Subscription:	
<input type="checkbox"/> Full Membership (\$500.00 -due on the 1 st day of January each year or)	
<input type="checkbox"/> Associate Membership (\$500 -due on the 1 st day of January each year)	
METHOD OF PAYMENT (tick as appropriate)	
<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 transferred from Student to Associate Member or Associate to Full Member of the ISTT based on acceptance of an Admissions Committee recommendation to ISTT Committee of Management, at its regular monthly meeting.

For official use only

Date of transfer acceptance: _____ Member Status: Associate Full Member

Accepted : _____ (President) _____ (Secretary)

Transfer fee: _____ **Receipt No/ Date:** _____