



**CARIBBEAN TERTIARY LEVEL PERSONNEL ASSOCIATION (CTLPA)
(Trinidad and Tobago Chapter)**

MEMBERSHIP FORM

Name:
(BLOCK CAPITALS)

Address:
.....

Telephone: (H) (W) (C)

Email Address:

Employer:

Work Address:

Post/Position:

Functional Area(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Faculty | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Health | <input type="checkbox"/> Careers/Placement |
| <input type="checkbox"/> Examinations | <input type="checkbox"/> Security | <input type="checkbox"/> Student Affairs |
| <input type="checkbox"/> Student Life | <input type="checkbox"/> Admissions | <input type="checkbox"/> Accommodations |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Adult Education | <input type="checkbox"/> International Students |
| <input type="checkbox"/> Library | | |

Are you a member of the American College Personnel Association? Yes No

Have you attended previous CTLPA Conferences? Yes No

Are you willing to serve on a CTLPA Committee? Yes No

Payment Information			
CTLPA Membership: <input type="checkbox"/> \$50.00 USD per year			
Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> OTHER -----

Signature:..... **Date:**.....

**Return completed forms to:
CTLPA TT Membership Coordinator
ctlpattchapter1@gmail.com**