



Turks & Caicos Association
Of
Office Professionals

Corporate Membership Application

Company Name : _____

Postal Address: _____

Tel: _____ Fax: _____

Contact Person: _____ Title: _____

Tel: _____ Email: _____

Delegate 2: _____ Title: _____

Tel: _____ Email: _____

Delegate 3: _____ Title: _____

Tel: _____ Email: _____

• Additional Delegate: _____ Title: _____

Tel: _____ Email: _____

I declare that the information provided in this application is correct and I agree to abide by the rules and regulations of the Turks and Caicos Association of Office Professionals as amended from time to time.

Method of Payment: (Please tick)		
Cash	Cheque	Amount: \$ _____

• Optional at a cost of \$80.00 per additional delegate

Signature: _____ Date of Application: _____

(Company Representative)

Return this completed form to:
TCAOP Membership Officer