



Turks & Caicos Association
Of
Office Professionals

Individual Membership Application

Ms. _____ Miss _____ Mrs. _____ Mr. _____ SURNAME: _____

Given Names : _____ Preferred Name: _____

Private Address: _____

Telephone: _____ (h) _____ (b)

Fax: _____ (h) _____ (b)

Email: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

POSITION HELD BY APPLICANT: _____

I apply for _____ GRADE OF MEMBERSHIP and enclose evidence of qualifications and experience in support of my application.

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 \$ _____

Signature: _____ Date of Application: _____

All applicants applying for the Membership Grade of STUDENT must complete this section.

I am a FULL-TIME STUDENT Name of Educational Institution: _____

Title of course and course code: _____ Expected Year of Completion: _____

Return this completed form to: TCAOP Membership Officer