To: The Secretary ( ) Branch,

I wish to apply for (full, temporary, student) membership. I am the holder of a (full, temporary, provisional) registration with the Medical Board of Trinidad and Tobago.

Registration No. ..... Date: .....

I agree that if I am accepted to membership, I will abide by the Constitution and Bye-Laws of the Association and the Branches.

Signature of Applicant .....

Date of Application: .....

Please Note!

1. Entrance Fee: $25.00
2. Subscription: (a) Within 1st year of Graduation - $100.00/annum
   (b) Thereafter - $300.00/annum
3. Temporary Membership is given to practitioners who wish to join for less than 1 year.
4. There is no subscription fee for student membership i.e. any bona-fide medical student residing in Trinidad and Tobago.
5. A member attaining 65 years and having been in the Association for 25 years or more, may apply to have his/her subscription waived.

PARTICULARS (Please print)

a) Name .....

b) Address:
Home .....

..... Tel. No. .....

Office/Institution.....

..... Tel. No. .....

c) E-mail .....

d) Place of Birth: .....

e) Date of Birth: .....

f) Qualifications – Dates and Description:

i) .....

ii) .....

iii) .....

iv) .....

g) Picture

h) Proposers (T&TMA members only)

Name:	Name: .....
Address:	Address: .....
.....	.....
Tel. No.	Tel. No. .....
Signature:	Signature: .....