# **APPLICATION FOR AFFILIATE MEMBERSHIP**



Suite A1, Kencita Court, 76 Picton Street, Newtown, Port of Spain. Tel: 432-0366 or 469-2732 E-mail: area.tt.assoc@gmail.com

| Name:  |  |   | /  |                       |  | /                                   |  |
|--|--|---|--|-----------------------|--|-------------------------------------|--|
| (Block Letters)  Date of Birth:  | Last<br>/                                      |   | (DD/MM/YY                                  | First<br>YY)          |  | Middle Initial                      |  |
| Address:   |  |   |  |                       |  |                                     |  |
| Phone No:  |  |   | I.D. / D.P.                                | #                     |  |                                     |  |
| E-mail Address: _  |  |   |  |                       |  |                                     |  |
| Academic Qualifi   | cations (at                                    | tach cop                                    | oies of Certific                           | cates / Di            | plomas)                                      |                                     |  |
| (if needed, continu  | •  |   |  |                       |  |                                     |  |
| Information on<br>employed/affiliat<br>Name of Employer:   | ed:  |   | -  |                       | Member                                       | with whom                           |  |
|  | Phone No:                                      |   |  |                       |  |                                     |  |
| Address:   |  |   |  |                       |  |                                     |  |
| Your Position in tl  | ne Compar                                      | ıy:   |  |                       |  |                                     |  |
| The following sta<br>for whom you won<br>It is hereby cert<br>me/affiliated with a<br>Name of Employe    | rk or are af<br>ified that<br>me and is a      | <b>filiated v</b><br>this app<br>fit and pr | with:<br>olicant for Aff<br>oper person to | iliate Me<br>be admit | mbership i<br>ted as an Af<br><b>Signa</b> t | is engaged by<br>filiate Member.    |  |
| Date:/   | / (dd/mi                                       | m/yyyy)                                     |  |                       |  |                                     |  |
| Applicant's Decla  | aration:                                       |   |  |                       |  |                                     |  |
| I hereby apply for mand if elected, I here of the Association a and not engage in a Real Estate Agents i | eby pledge to<br>and the Code<br>ny actions th | o observe<br>e of Ethics<br>nat would       | all the requirems, and to be guid          | nents of the          | e Act 10 of 20<br>oversight of               | 012, the By Laws<br>the Association |  |
| Name of Applicant  |  |   | & Affix Signature)                         | Sign                  | nature:                                      |                                     |  |
| Date://_   | (DD/MM/  | YYYY)                                       |  |                       |  |                                     |  |
| FOR OFFICIAL USE Remarks:  |  |   |  |                       | Pending:                                     |                                     |  |
| Date://_   | (DD/MI   | M/YYYY)                                     | Approved By: _                             |                       |  |                                     |  |

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#### **APPLICATION** (Please read carefully the criteria for Affiliate Membership before applying.)

- a. Application for membership shall be made in writing to the Membership Rules & Admissions Committee. Applications shall be made upon such forms as may be approved by the Board.
- b. An applicant for and Affiliate Member must be certified by the Resident Broker Member or Corporate Member with whom he/she is employed or affiliated that; he/she is a fit and proper person to be admitted as an Affiliate Member.

**AFFILIATE MEMBERS -** who shall be retired Broker or Sales Associate members who are no longer actively engaged in real estate; or administrative or other staff employed and/or retired of Resident Brokers, retired Brokers or Corporate Members.

**ENTRANCE FEE:** \$112.50 V.I. **ANNUAL REGISTRATION FEE:** \$225.00 V.I.

**NOTE:** The By Laws of the Association, Clause 10 state in part, "....all membership dues shall be payable from the First day of January in each year and must be paid no later than the date fixed for the Annual General Meeting of the Association in any year."

## \*BANK DEPOSIT INFORMATION

#### **Cheque Payments for Fast Deposit**

- 1. Cheques should be made payable to Association of Real Estate Agents.
- 2. FCB Fast Deposit Envelopes should be completed including the name of the person making the payment.
- Once deposited and stamped by the machine, scan and e-mail the deposit record to the AREA Secretariat at <u>area.tt.assoc@gmail.com</u> (This is essential for verification purposes.)

#### **Online Bank Transfer**

Bank: First Citizens FCB

Branch: Maraval Road, Newtown, Port-of-Spain Account Name: Association of Real Estate Agents

Account Type: Chequing

Account Number: 35005226470

Payment via a bank other than FCB: 035005226470

A screen shot or copy of the online transaction confirmation slip must be e-mailed to the AREA Secretariat at <a href="mailto:area.tt.assoc@gmail.com">area.tt.assoc@gmail.com</a> (Essential for verification purposes.)

## **APPLICATION FOR AFFILIATE MEMBERSHIP**



## Checklist of Attachments: (To be sent via email)

| Proof of payment of Application Fee \$112.50   |
|--|
| Copy of National ID / D.P./ P.P.   |
| Copy of Utility bill not older than 3 months   |
| Copies of Certificates of academic qualifications                                    |
| Photo for AREA ID – Submitted on plain white background, headshot showing from torso |
| not less than 600 x 600 pixels (jpeg, pdf or png).                                   |











