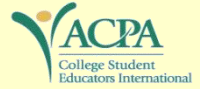


CARIBBEAN TERTIARY LEVEL PERSONNEL ASSOCIATION



MEMBERSHIP FORM



Please complete form in BLOCK CAPITALS

Name:

Address:
.....
.....

Telephone:

Email Address:

Employer:

Work Address:
.....

Post/Position:
.....

Functional Area:

- Administration Faculty Counseling
- Sports Health Careers/Placement
- Examinations Security Student Affairs
- Student Life Admissions Accommodation/Housing
- Clerical Support Adult Education International Students
- Library
- OTHER.....(please specify)

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: \$50.00 USD annually

Payment Method: Cash Cheque OTHER -----

PAYMENT: Please make all cheques payable to the Caribbean Tertiary Level Personnel Association

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

Return completed forms to:

CTLPA Headquarters
c/o Career & Placement Services
University of the West Indies, Mona
Jamaica
OR
ctlpahq@gmail.com