



Family Planning Association of Trinidad & Tobago

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MEMBERSHIP FORM

Date of Application: _____

Name: _____

Date of Birth: _____ Gender: _____

National ID #: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Email: _____ Fax: _____

Occupation: _____ Student/School: _____

*Consent for data usage & storage YES NO

Please indicate your areas of expertise _____

In what areas would you be interested in contributing to Family Planning Association of Trinidad & Tobago? _____

Why are you interested in being a member of Family Planning Association of Trinidad and Tobago? _____

❖ Please attach Professional Bio

**FPATT is committed to safeguarding your personal information. Your data will be used solely for membership processing and engagement and will not be shared with third parties without your consent.*

I, _____ am desirous of becoming a member of the Family Planning Association of Trinidad and Tobago (FPATT). I pledge to observe and adhere to the Constitution and any other regulations which the Central Committee may, from time to time implement for the duration of my Membership

Life Member \$1,000.00 Annual Member \$200.00

Payment Method: Cash Bank Transfer Credit/Debit Card

Applicant Signature: _____ Date: _____

FOR OFFICAL USE ONLY

Date Received: _____ Approved Declined

Rationale, if declined: _____

If approved, Membership ID No Issued: _____