



Caribbean Tertiary Level Personnel Association Membership Form



Please complete form in BLOCK CAPITALS

Personal Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Employment Information

Employer
(Institution) _____

Address _____

Work # (1) _____ Work # (2) _____

Work Email _____

Post Held _____

Functional Area(s) and Membership Information: (Please highlight in RED)

- | | | |
|----------------|-------------------|------------------------|
| Administration | Careers/Placement | Admissions |
| Faculty | Examinations | Accommodation/Housing |
| Counseling | Security | Clerical Support |
| Sports | Student Affairs | Adult Education |
| Health | Student Life | International Students |
| | | Library |

OTHER(please specify)

Are you a member of the American College Personnel Association? Yes No
 Have you attended previous CTLPA Conference? Yes No
 Are you willing to serve on a CTLPA Committee? Yes No

Payment Information

CTLPA Membership: USD \$50 Annually
S

Payment Method (please highlight in RED): Cash, Cheque, Bank Transfer- Please provide copy of receipt,
If other, please state:

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

Signature:

Date:

Return completed forms to:
 CTLPA Headquarters
 c/o Office of Placement & Career Services
 University of the West Indies, Mona
 Jamaica
 OR
 ctlpahq@gmail.com