



# Trinidad and Tobago Association of Psychologists

E-mail: [secretary@psychologytt.org](mailto:secretary@psychologytt.org) | Website: [www.psychologytt.org](http://www.psychologytt.org) | Tel: (868) 794-TTAP (8827)  
P.O. Box 887, #22 St. Vincent St., Port-of-Spain  
Incorporated by Act of Parliament No 84 of 2000

## TTAP MEMBERSHIP APPLICATION FORM

<b>Title:</b>	<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx.		
<b>Full name:</b>			
<b>Home address:</b>			
<b>Current Occupation:</b>			
<b>Target Population (if practising):</b>			
<b>Areas of Specialization (e.g. Generalist; Anxiety Disorders; Marital Counselling; etc.):</b>			
<b>Office Address:</b>			
<b>Contact Numbers:</b>	Office:	Home:	Cell:
<b>E-mail Address:</b>			Fax:
Please indicate if you would like your office contact information shared with the public (if you are in private practice)			<input type="checkbox"/> Yes or <input type="checkbox"/> No

**Qualifications: [check all that apply & submit copy of certificate(s) with application form]**

<input type="checkbox"/> B.A.	<input type="checkbox"/> B.Sc.	<input type="checkbox"/> M.A.
<input type="checkbox"/> M.Sc.	<input type="checkbox"/> M.Ed.	<input type="checkbox"/> Ed.D.
<input type="checkbox"/> Ph.D.	<input type="checkbox"/> Psy.D.	<input type="checkbox"/> Bachelor's Student
<input type="checkbox"/> Master's Student	<input type="checkbox"/> Doctoral Student	
<input type="checkbox"/> Other		

**Please Specify** [Degree or Area of Study & Certifying Institution]:

**Category of membership sought:**

<input type="checkbox"/> Student Associate	<input type="checkbox"/> Member	<input type="checkbox"/> Affiliate Member
<input type="checkbox"/> Graduate Associate	<input type="checkbox"/> Full Member	<input type="checkbox"/> Affiliate Group Member

**Area(s) of expertise: [check all areas of experience that apply]**

<input type="checkbox"/> Adult	<input type="checkbox"/> Elderly	<input type="checkbox"/> Perpetrators of Violence
<input type="checkbox"/> Art Therapy	<input type="checkbox"/> EMDR	<input type="checkbox"/> Psychological Testing (Clinical)
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Families	<input type="checkbox"/> Psychological Testing (Educational)
<input type="checkbox"/> Children	<input type="checkbox"/> Groups	<input type="checkbox"/> Research
<input type="checkbox"/> Clinical	<input type="checkbox"/> Guidance Counselling	<input type="checkbox"/> School Psychology
<input type="checkbox"/> Community Psychology	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Serious Mental Illness
<input type="checkbox"/> Consulting	<input type="checkbox"/> Industrial	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Counselling	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Substance Abuse/Alcoholism
<input type="checkbox"/> Couples	<input type="checkbox"/> Neuropsychology	<input type="checkbox"/> Teaching/Lecturing
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Organizational (EAPs)	<input type="checkbox"/> Victims of Violence
<input type="checkbox"/> Dance Therapy	<input type="checkbox"/> Pastoral/Spiritual	<input type="checkbox"/> Youth
<input type="checkbox"/> Educational Psychology		

*Other:*

**I am interested in working on the following subcommittee(s):**

**[Please check all that apply]**

<input type="checkbox"/> Membership
<input type="checkbox"/> Public Relations
<input type="checkbox"/> Licensure
<input type="checkbox"/> Committee in the Public Interest
<input type="checkbox"/> Research and Publications
<input type="checkbox"/> Support and Professional Consultation

<b>Application Fee [TTS100.00]</b>		
Amount Received: \$ _____	Cash <input type="checkbox"/> Yes <input type="checkbox"/> No	Cheque (Bank, Cheque Number) : _____ Bank: _____ Cheque No: _____
<b>Applicant's Signature:</b>		
<b>Date:</b>		

**For payment of Membership Application: TTAP's Republic Bank Account #110215835901  
Membership fees are to be paid only after your membership application is approved.**

**Website: [www.psychologytt.org](http://www.psychologytt.org)**

**Phone: 794 - TTAP (8827)**

**Please submit your completed application form to:**

**[secretary@psychologytt.org](mailto:secretary@psychologytt.org)**

<b>OFFICIAL USE ONLY – DO NOT WRITE IN THIS SECTION</b>		
Date application received:		
Copy of certificate(s) submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List outstanding documents:		
Accepted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Member:		
Date applicant notified of status:		
Date Package Issued:		

<b>Membership Types and Fees</b>	
<p><b>Student Associate</b> A Student Associate is someone that is currently pursuing an undergraduate degree in psychology or any related field.</p>	<p>TT\$200 per calendar year</p>
<p><b>Graduate Associate</b> A Graduate Associate is someone who has already obtained an undergraduate degree in a related field.</p> <p><b>Member</b> A Member is someone who has already obtained an undergraduate degree in psychology.</p>	<p>TT\$400 per calendar year</p>
<p><b>Full Member</b> A Full Member is someone who has already obtained a minimum of a Master's degree in psychology.</p> <p><b>Affiliate Member</b> An Affiliate Member is someone who has already obtained a minimum of a Master's degree in a related field.</p> <p><b>Fellow</b> Any member who is in good standing and who enjoys high academic achievement as well as successful professional experience for at least 15 years shall be eligible for nomination as a Fellow.</p>	<p>TT\$500 per calendar year</p>
<p><b>Affiliate Group Member</b> Affiliate group membership is for those institutions whose aims are consistent with those of TTAP. An Affiliate Group Member is entitled to have voting rights at AGMs and Special Meetings and receives a fifty percent (50%) discount at TTAP events.</p>	<p>TT\$1,500 per calendar year</p>
<p><b>Honorary Member</b> Any person who has made commendable contributions to the furtherance of the profession of Psychology or to TTAP shall be eligible for nomination as an Honorary Member.</p>	<p>Exempt</p>