



Speech • Language • Audiology

Association of Trinidad & Tobago

speechassociationtt@gmail.com

Registration Form

Name _____

Address (mailing) _____

(Office) _____

Telephone #s (C) _____ (W) _____

Email _____

Polo Shirt Size (please tick one) S M L XL

Have you already applied to CPRM?

If so please state your CPRM license # _____

Degrees: Speech and/or Audiology

Please list university and type .g. M.S or M.A _____

Any specific certifications? _____

Memberships/Affiliations e.g ASHA etc.

Annual dues

Please note that the initial registration fee is \$1000.00. Yearly renewals cost \$500.00 and are due on March 31st each year except for the initial year of registration.

Payment can be deposited to Republic Bank acct # 110012181401 or cheque made payable to SLATT as the bank account name has not yet been updated to SLAATT.

Included in this welcome packet is the SLAATT Code of Ethics. Please familiarize yourself with this document and the rules

By signing this form I agree with the information presented and will abide by the rules outlined in the SLAATT Code of Ethics.

Signature

Print

Date

FOR OFFICIAL USE ONLY	
Amount enclosed: _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Registration # _____	
Reviewed by _____	
