



JAMAICAN INSTITUTE OF PLANNERS

Shop #47, Winchester Business Centre,
15 Hope Road, Kingston 10 (876) 754-3498, Fax (876) 906-8119

jamaicaninstituteofplanners@yahoo.co.uk

MEMBERSHIP APPLICATION FORM

Name: _____

Home Address: _____ Phone No: _____

Office Address: _____ Phone No: _____

Email address: _____ Fax No: _____

Academic Qualifications:

INSTITUTIONS ATTENDED	AWARDS	DATES

Professional Experience:

EMPLOYER	POSITION	DATES

Special Projects: _____

Interests: _____

Members Recommending Applicant:

1: _____ 2: _____

This Application to be accompanied by:

1. Official copy of qualifications.
2. A summary of your curriculum vitae.

Signature of

Applicant: _____ Date: _____

Official Use Only

Date Received: _____ Date Accepted: _____

Type of Membership:

Corporate: _____ Associate: _____ Technologist: _____ Other: _____