

# FOR OFFICIAL USE

Comments and recommendations (Membership Chairperson)

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## Membership Category

Approval of the Board of Directors:

President: .....

President-Elect: .....

Date: .....



BARBADOS ASSOCIATION OF  
OFFICE PROFESSIONALS  
*Professional Training for the Future*

Member of the

**CARIBBEAN ASSOCIATION OF  
ADMINISTRATIVE PROFESSIONALS  
(CAAP)**

and affiliated to the

**INTERNATIONAL ASSOCIATION OF  
ADMINISTRATIVE PROFESSIONALS (IAAP)**

## APPLICATION FOR MEMBERSHIP

### *Qualification Required for Membership*

- *Unquestionable character and integrity*
- *Secretarial training and at least two (2) years of Continuous secretarial experience*
- *Previous employment as a secretary for a period of at least two (2) years •*

# PERSONAL DATA

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

## DETAILS OF PRESENT EMPLOYMENT

Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Executive: \_\_\_\_\_

Title of Executive: \_\_\_\_\_

Type of Business in which your company is engaged: \_\_\_\_\_  
\_\_\_\_\_

## DETAILS OF PREVIOUS EMPLOYMENT

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Executive/Supervisor: \_\_\_\_\_

## EDUCATION:

Schools Attended: \_\_\_\_\_  
\_\_\_\_\_

## QUALIFICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER INTERESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that I meet the criteria for membership of the Barbados Association of Office Professionals and I hereby make application for such membership for an initial period commencing when this application is accepted and ending on 31 May following that date.

I understand that renewal of membership is on an annual basis, contingent on payment of an annual membership fee paid no later than 30 September of the following year, and that a penalty of \$5.00 is levied for the late receipt of fees.

\$50.00 Non Refundable Application Fee:      Paid \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

