MEMBERSHIP APPLICATION FORM

Application: New: ____        Renewal: ____    Period: _______________  to ________________

Category of Membership applied for:

☐ Individual   US$20
☐ Associate    US$15
☐ Organisational US$80
☐ Ex-officio   US$20
☐ Life         US$500
☐ Honorary     -

Please pay cash, cheque or bank draft made payable to CARADOL and send to the mailing address or send by transfer payment to Bank of Nava Scotia, UWI Mona Campus, Campus, Kingston 7, Jamaica W. I., Branch 1846, Sort Code NOS CBS NOSC, Account #401583.

INDIVIDUAL/LIFE/EX-OFFICIO/ASSOCIATE

Name________________________________________________________ Title____________

(Last)        (First)  (Middle initial)

Address_______________________________________________________________________
_____________________________________________________________
Telephone___________________Fax___________________Email________________________

Job title________________________________________________________________________

Employer______________________________________________________________________

Employer’s Address______________________________________________________________

______________________________________________________________________________
Telephone___________________Fax___________________Email________________________

Related area(s) of expertise ______________________________________________________

Related area(s) of interest _________________________________________________________

I am willing to serve on the following committee(s)

☐ Finance and Fund Raising
☐ Publications
☐ Membership
☐ Research and Development
☐ Public Relations
☐ Training
☐ Policy and Standards

Signature of applicant__________________________________ Date________________

ORGANISATIONAL/ASSOCIATE

Name of Organization____________________________________________________________

Address_______________________________________________________________________
_____________________________________________________________

Telephone___________________Fax___________________Email________________________

Type of Organisation____________________________________________________________

Signature of Representative________________________________________________________

Organisational Stamp       Date_______________