

Caribbean Association for Distance and Open Learning (CARADOL)

c/o UWI Distance Education Centre (UWIDEC), The University of the West Indies, Mona Campus
Kingston 7, Jamaica W.I., Telephone: 876-9272831, Fax: 876-9773494 E-mail: caradol@uwimona.edu.jm

MEMBERSHIP APPLICATION FORM

Application: New: _____ Renewal: _____ Period: _____ to _____

Category of Membership applied for:

- | | | | |
|---|---------|-------------------------------------|--------|
| <input type="checkbox"/> Individual | US\$20 | <input type="checkbox"/> Associate | US\$15 |
| <input type="checkbox"/> Organisational | US\$80 | <input type="checkbox"/> Ex-officio | US\$20 |
| <input type="checkbox"/> Life | US\$500 | <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Finance and Fund Raising | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Training |
| <input type="checkbox"/> 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 _____