**Complete and return to the Executive Director and CAP Office. Contact information below.**

**Enter information only in highlighted areas enclosed by[ ]**

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| **PERSONAL INFORMATION** | | | | | | | | | | | |
| **Family Name** |  | | | | | | | | | | |
| **Given Name** |  | | | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Country** |  | | | | | | | | | | |
| **Telephone**  **(Include Area Code)** | (Work) | | | | (Home) | | | | (Cellular) | | |
| **Email** |  | | | | | | | | | | |
| **MEMBERSHIP STATUS APPLICABLE** | | | | | | | | | | | | |
| **Registered Pharmacist** | | | **Student Pharmacist** | | | **Pharmacy Technician** | | | | | **Associate Member** | |
| **QUALIFICATIONS.**  **Pharmacists:** Indicate highest professional educational award earned by entering the name of the Educational Institution from which you graduated or where you are studying in the appropriate box below  **Student Pharmacists:** Indicate the educational award you will receive at the end of your studies and the Educational Institution you are studying at as well as the year you are to graduate. | | | | | | | | | | | | |
| **PhD Pharmaceutics** | | | | | | | **PharmD** | | | | | |
| **MPhil Pharmacology** | | | | | | | **BSc Pharmacy** | | | | | |
| **Associate Degree (Pharmacy)** | | | | | | | **Certificate or Diploma in Pharmacy** | | | | | |
| **Other qualifications:** | | | |  | | | | | | | | |
| **Student Pharmacists: Year to graduate** | | | |  | | | | | | | | |
| **Member of National/Student Pharmacy Association** (If yes, state name of Association) | | | |  | | | | | | | | |
| **I would like to make the following contribution to CAP:** | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| **Applicant’s Name** | |  | | | | | | | | **Date**: / /  **yyyy/mm/dd** | | |
| **Applicant’s Signature** | |  | | | | | | | |
| **Approved By**  President/Treasurer | |  | | | | | | | | **Date**: / /  **yyyy/mm/dd** | | |
| **INDIVIDUAL MEMBERSHIP FEE STRUCTURE** | | | | | | | | | | | | |
| **Registered Pharmacist or Pharmacy Technician (Tier A)- US$50.00** | | | | | | | | **Student Pharmacist - US$ 0.00** | | | | |
| **Registered Pharmacist or Pharmacy Technician (Tier B)- US$30.00** | | | | | | | | **Associate Member – US$50.00** | | | | |
| **\* N.B. See countries within each tier below** | | | | | | | | | | | | |

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| **CAP Annual Membership Fee Schedule by Country** | |
| **Tier A**  **Commonwealth of the Bahamas, the Cayman Islands, Barbados, the British Virgin Islands, the Republic of Trinidad and Tobago, St. Maarten, Aruba, Curacao, the Turks and Caicos Islands, Bermuda and any member from any non-CARICOM country.** | **Tier B**  **Anguilla, Antigua and Barbuda, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and the Republic of Haiti.** |

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| **PAYMENT DETAILS** |
| * Bank draft payable to the **Caribbean Association of Pharmacists,**   c/o Pharmacy Council of Jamaica, 91 Dumbarton Avenue, Kingston 10, Jamaica or   * CAP website, <http://ww2.cap-pharmacists.com/make-payment/> |

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| **CAP CONTACT INFORMATION** |
| **PRESIDENT:** Kalawattie Datt-Singh **Email:** [kaladatt@gmail.com](mailto:kaladatt@gmail.com) **Tel:** 592 602 5126  **IMMEDIATE PAST PRESIDENT:** Dr. Marvin Smith **Email:** [bahamadrugdoc@gmail.com](mailto:bahamadrugdoc@gmail.com) **Tel:** 242-376-2534  **EXECUTIVE DIRECTOR:** Pamela Townsend, **Email**: [ptown39@hotmail.com](mailto:ptown39@hotmail.com), **Tel**: 868-332-4244  **CAP OFFICE: Email**: [thecapoffice@gmail.com](mailto:thecapoffice@gmail.com) |