**Complete and return to the Executive Director &/or the CAP Office along with evidence of payment of the membership fees.**

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

|  |
| --- |
| **ORGANISATION INFORMATION** |
| **Name of Organisation** |   |
| **Mailing Address** |   |
|   |
| **Country** |   |
| **Telephone** **(Include Area Code)** |   |  (Other) |  (Fax) |
| **Email Address** |   |
| **Contact Person** |  | **Position**  |  |
| **TYPE OF MEMBERSHIP (**please place an X to indicate which membership category**)** |
| **NATIONAL MEMBER (Pharmacy Associations)**  |  | **PHARMACY MEMBER**  |  | **CORPORATE MEMBER (Distributor/Manufacturer)**  |  |
| **For NATIONAL MEMBER (Pharmacy Associations) Please state no. of Pharmacists registered:** |
| **1 - 50** |  | **51 - 100** |  | **101 - 150** |  | **151 - 200** |  |
| **201 - 250** |  | **251 - 300** |  | **301 - 350** |  | **More than 350** |  |
| **Applicants Name**  |  |  |
| **Applicants Signature**  |  | Date: **yyyy/mm/dd / /**  |
| **Approved By** President/Sect. Treasurer |  | Date: **yyyy/mm/dd / /**  |
| **FEE STRUCTURE AND PAYMENT DETAILS** |
| National Association Membership Pharmacy Membership Corporate Membership | **US$100.00****US$100.00****US$200.00** |
| **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/>
 |
| **CAP CONTACT INFORMATION** |
| **PRESIDENT**: Kalawattie Datt-Singh Email: kaladatt@gmail.com Tel: 592 602 5126 |
| **IMMEDIATE PAST PRESIDENT**: Dr. Marvin Smith Email: bahamadrugdoc@gmail.com Tel: 242-376-2534 |
| **EXECUTIVE DIRECTOR**: Pamela Townsend, Email: ptown39@hotmail.com, Telephone: 868-332-4244 |
| **CAP OFFICE**: Email: thecapoffice@gmail.com |