**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](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), Telephone: 868-332-4244 | | | | | | | | | | | | | | | | | | |
| **CAP OFFICE**: Email: [thecapoffice@gmail.com](mailto:thecapoffice@gmail.com) | | | | | | | | | | | | | | | | | | |