**Caribbean Association of Pharmacists**

Advancing the development and empowerment of the people of the Caribbean through excellence in the provision of all aspects of pharmacy practice

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***I hereby nominate*** | | |  | | | | | | | | |
| ***for the following position(s)*** | | | | | | | | | | | |
|  | | President | | | | |  | 1st Vice President | | | |
|  | | Secretary | | | | |  | 2nd Vice President | | | |
|  | | Treasurer | | | | |  | 3rd Vice President | | | |
|  | | Council Member (1 of 4) | | | | | | | | | |
| **PERSONAL INFORMATION OF NOMINEE** | | | | | | | | | | | |
| Name | | |  | | | | | | | | |
| Home Address | | |  | | | | | | | | |
|  | | | | | | | | |
| Email address | | |  | | | | | | Member of National Assoc | |  |
| Mobile Tel. No | | | ( ) | | | | | | Member of CAP | |  |
| Qualifications | | |  | | | | | | | | |
|  | | | | | | | | |
| Place of employment & Address | | |  | | | | | | | | |
|  | | | | | | | | |
| Position | | |  | | | | | | | | |
| Work Tel. No. | | | ( ) | | |  | | | | |  |
| ***Please state below reasons for nominating the above-named member.*** | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| ***Nominator & Seconder must be in good financial standing at the time of nomination.*** | | | | | | | | | | | |
| 1 |  | | |  | | | | | |  | |
| **Name (Capital Letters )** | | | | **Signature** | | | | | | **Date (Month dd, yyyy)** | |
| 2 |  | | |  | | | | | |  | |
| **Name (Capital Letters )** | | | | **Signature** | | | | | | **Date (Month dd, yyyy)** | |
| **FOR CAP OFFICIAL USE ONLY** | | | | | | | | | | | |
| *Received by:* | | | | | | | | | | | |
|  | | | | |  | | | | |  | |
| **Name (Capital Letters )** | | | | | **Signature** | | | | | **Date (Month dd, yyyy)** | |
| Comments: | | | | | | | | | | | |

**NOTE: Deadline for Nominations is Friday, June 18, 2025.**