**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.**