



# Caribbean Academy of Sciences, Jamaica

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Companies Office of Jamaica  
Registration Number 81184  
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## NOMINATION / MEMBERSHIP APPLICATION FORM

Name of person being nominated \_\_\_\_\_

(BLOCK LETTERS)

as an Associate Member / Ordinary / Life Member of the Caribbean Academy of Sciences, Jamaica Chapter (CASJ)

### Proposer

### Seconder

Name \_\_\_\_\_

(BLOCK LETTERS)

\_\_\_\_\_

(BLOCK LETTERS)

Signature \_\_\_\_\_

\_\_\_\_\_

I accept this nomination \_\_\_\_\_

(Signature)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Tel (work) \_\_\_\_\_

Tel (mobile) \_\_\_\_\_

Please attach your curriculum vitae showing details of Academic qualifications, Professional status, membership of Academic/Professional/Scientific Institutions and Research Interests.

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Any queries can be addressed to the emails in the header above and the completed form with c.v. forwarded to [membership@caswi.org.jm](mailto:membership@caswi.org.jm)