



MEMBERSHIP APPLICATION FORM

Caribbean Association of Pharmacists (estb. 1976)

c/o Pharmacy Council of Jamaica
91 Dumbarton Avenue, Kingston 10, Jamaica.

Website: .cap.org.jm

Name: _____

Address

Street: _____

Mailing: _____

Tel. No: () _____ Fax: () _____ Email: _____

Country: _____

Registered pharmacist: Yes No

Qualifications: (Please tick) Certificate Diploma Associate Degree

Bachelor's Degree (s) (state) _____

Master's Degree (s) (state) _____

Doctoral Degree (s) (state) _____

Other qualifications: _____

Other interests: _____

National Associations:

Name of Organization: _____

Address of Organization: _____

Country: _____

Tel. No () _____ Fax:() _____ Email address _____ Number of members: _____

Manufacturer/Distributor:

Name of Company: _____ Type: _____

Address: _____

Tel.No: () _____ Fax: () _____ Email address: _____

How did you learn about CAP? _____

Applicants Signature:

_____ Date: _____

Approved By:

_____ Date: _____

CAP President

Fee structure and payment details

Individual: US\$50.00

National Associations: 0-50 members: US\$88

51-100 members: US\$132

Over 100 members US\$ 175

Pharmacies: US\$175

Manufacturers/Distributors: US\$350

Payment may be deposited to The Bank of Nova Scotia, New Kingston, Jamaica.

Branch 50575, Account number 505774 846, Swift Code NOSCJMKN, Intermediate JP

Morgan Chase CHASUS 33, Routing 021000021

CAP Only

Member No:
