



Caribbean Academy of Sciences, Jamaica

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<http://www.caswi.org.jm>

2 Plymouth Crescent
The University of the West
Indies
Mona Campus
Kingston 7
Jamaica

Tel.: 876-977-7764
876-935-8788

NOMINATION / MEMBERSHIP APPLICATION FORM

We wish to nominate _____

(BLOCK LETTERS)

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