

THE CARIBBEAN ACADEMY OF SCIENCES

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Faculty of Engineering
The University of the West Indies
St. Augustine
Trinidad and Tobago



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MEMBERSHIP NOMINATION FORM

Our reference _____

Date _____

We wish to nominate _____

(BLOCK LETTERS)

As an Ordinary Member / Associate / Life Member of the Caribbean Academy of Sciences (CAS)

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.

(Copies of this Form can be made as required)

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