



*Our Reference: C 6700(95)*

**MEMBERSHIP FORM**

New Application

Renewal

**APPLICANT INFORMATION**

Full Name of Institution/Organization/Unit

Head of Institution/Organization/Unit

Title:  Mr.     Ms.     Mrs.     Dr.     Professor     Other \_\_\_\_\_

Institution Address

Mailing Address (if different from above)

Telephone Number

Fax Number

E-mail Address

Website

Date Established/Founded

Mission/Vision Statement

Areas of Research of Institution/Organization/Unit

Publications of Institution/Organization/Unit over the last five (5) years (Use a separate page if needed)

Number of staff members

Level of activity:

National

Regional

International

**FINANCIAL INFORMATION**

**Membership Dues are US\$300 annually**

Payment Method:  Cash

Cheque (Please make cheques payable to: CARISCIENCE)

Donation Fund (optional)

Conference/Workshop Fund (to support the hosting and participation in conferences and workshops) \$ \_\_\_\_\_

CARICOM Science Award Fund (to support the Award which honours excellence among scientists in the region) \$ \_\_\_\_\_

*I am an authorized representative of the above named Institution/Organization/Unit and I affirm that all information submitted on this form is true and accurate. On behalf of the said named, I apply for Membership in CARISCIENCE.*

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**COMPANY STAMP:**

**Please note: Membership is activated only when membership dues are received and application is approved by the Executive and Membership Committee.**

**Please complete this form and return to:**

Dr. Richard Taylor  
Executive Secretary  
CARISCIENCE Secretariat  
Department of Mathematics and Statistics  
Faculty of Science and Technology  
The University of the West Indies  
St. Augustine  
Trinidad West Indies  
Telephone (Office): 1-868-663-2002 Ext: 82529  
(Mobile): 1-868-620-5288  
(Fax): 1-868-645-7132

Email: [cariscience.org@gmail.com](mailto:cariscience.org@gmail.com)

**OFFICIAL USE ONLY**

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_

Payment received:  Yes             No            Date: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Number of membership years: \_\_\_\_\_