THE CARIBBEAN ACADEMY OF SCIENCES

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St. Augustine



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MEMBERSHIP NOMINATION FORM

Our reference	Date
We wish to nominate	
	(BLOCK LETTERS)
As an Ordinary Member / Associate Member	of the Caribbean Academy of Sciences (CAS)
Proposer	Seconder
Name (BLOCK LETTERS)	(BLOCK LETTERS)
Signature	
I accept this nomination	
	(Signature)
Address:	
E-mail	
Fax:	
Tel·	

Please attached your curriculum vitae

(Copies of this Form can be made as required)

President:Prof. Emeritus Winston MellowessSecretary:Dr. Jo-Anne SewlalTreasurer:Prof. Reynold StoneForeign Secretary:Prof. Robert LancashirePublic Relations Officer:Dr. Mark Wuddivira