MEMBERSHIP APPLICATION FORM

<table>
<thead>
<tr>
<th>NAME</th>
<th>Title</th>
<th>Last name</th>
<th>Other names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Dr. Mr. Ms.</td>
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</tbody>
</table>

MAILING ADDRESS

- No. and Street
- County / State / Parish
- Zip code / Country
- e-mail
- Tel. Nos. Work Home
- Fax

QUALIFICATIONS

<table>
<thead>
<tr>
<th>Basic</th>
<th>Institution</th>
<th>Year</th>
<th>Post-graduate</th>
<th>Institution</th>
<th>Year</th>
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POST-GRADUATE TRAINING

- Institution and Address [Postal, e-mail, fax no.]
- Period

AREA/S OF PRACTICE

- Cardiothoracic
- Laparoscopic
- Plastic
- Colo-rectal
- Neurological
- Urology
- Ear, nose and throat
- Orthopaedic
- Vascular
- General
- Paediatric
- Other

Applications for Fellowship should be accompanied by the names and addresses of two referees.

A certified list of the operations done within the last year may be requested by the membership committee.
Applications for Fellowship should be accompanied by an application fee of $ US 50 and the first year membership fees.

The application fee is not refundable should the application be unsuccessful. An application fee is not required for Surgeons in training within the Caribbean Fellows [Surgeons in practice with qualifications and training acceptable to the college] $US 200

Associate Fellows [Surgeons practising outside the Caribbean, Surgeons in training within the Caribbean, Practitioners in other specialties] $US 100

Payments may be made by Credit Card: MC Visa AX DC DISCVR OTHER

CARD NUMBER: 

EXP. DATE 

Signature of the Applicant..........................

Date..........................