



Caribbean College of Surgeons

A Non-Profit Company incorporated in Barbados 2002

Address: P O Box 41W, Worthing, Christ Church, Barbados
President: Dr. Cameron Wilkinson, B2 Sands Complex, Basseterre, St Kitts
Secretary: Dr. Charles Greenidge, P O Box GM712, St Lucia

MEMBERSHIP APPLICATION FORM

NAME

Title	Last name	Other names
Prof. Dr. Mr. Ms.		

MAILING ADDRESS

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

QUALIFICATIONS

Basic	Institution	Year	Post-graduate	Institution	Year

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

**NAME AND
MAILING
ADDRESS
OF REFEREE**

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

**NAME AND
MAILING
ADDRESS
OF REFEREE**

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

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.....