



ANNUAL MEMBERSHIP DUES REMITTANCE FORM

PERSONAL DETAILS

Name: _____
Address: _____ _____
Email: _____
Tel: (Office): _____ Mobile: _____

PAYMENT OPTIONS

Membership Dues = USD\$150 per year
Please make payment via credit card or wire.
https://www.caribbeanderm.org/payment-information/
USD Cash can be submitted at any CDA in-person event.
Kindly mail bank draft/cheque drawn on a US bank to:
Caribbean Dermatology Association c/o Hibiscus Health Caribbean Inc. Weston, St. James, Barbados

Signature: _____

Please submit completed form by email to: caribbeandermassociation@gmail.com