



## APPLICATION FOR MEMBERSHIP

### PERSONAL DETAILS

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

Email: \_\_\_\_\_

**I wish to apply for membership to the Caribbean Dermatology Association in the category of:**

Ordinary (Full) Member  Associate Member  Overseas Member

**Proposer:** \_\_\_\_\_ **Secunder:** \_\_\_\_\_

(Proposer and Secunder must be in good financial standing with the CDA)

### CURRENT EMPLOYMENT

Position: \_\_\_\_\_ Date commenced: \_\_\_\_\_

Specialty:

\_\_\_\_\_

If Dermatologist:  Full Time  Part Time

Are you in: Hospital Private Practice?  Yes  No

Hospital affiliations:

\_\_\_\_\_

\_\_\_\_\_

Special Dermatology interests: \_\_\_\_\_

**PROFESSIONAL WORK EXPERIENCE (Prior to assuming current position)**

EMPLOYER	POSITION	FROM	TO

**EDUCATIONAL BACKGROUND**

SCHOOL OR UNIVERSITY	FROM	TO	QUALIFICATIONS GAINED

**Additional Information**

Applicants are invited to provide additional information regarding experience relevant to their medical career. This information might include awards, publications, lectureships and/or further details of work experience. Applicants may also attach a copy of their C.V.

**Payment Options**

Payment is available via credit card, wire or USD cash at any CDA event.

Click on the link below for further information.

<https://www.caribbeanderm.org/payment-information/>

**To pay by cheque:**

Kindly enclose and submit bank draft/cheque drawn on a US bank, for USD\$150 payable to:

**Caribbean Dermatology Association**

% Hibiscus Health Caribbean Inc.

Weston, St. James, Barbados

**For Internal Use Only**

Application for membership: Approved \_\_\_\_\_ Not approved \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_