



Caribbean Research Collaborative



<http://sta.uwi.edu/fhe/FDCRC/>

(868) 663-8914

32 St. John Road, St. Augustine, Trinidad

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Email:

Gender:

Cell:

Current address:

City:

State:

Country:

EMPLOYMENT INFORMATION

Current employer/School:

Employer/School address:

Phone:

Position/Class:

MISCELLANEOUS

I was referred by:

If you were not referred by someone, how did you hear about The Collaborative? :

Reason for joining the collaborative:

SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment. I understand that this represents acknowledgement of my FREE 1-year membership in the Caribbean Research Collaborative. Membership rights will cease if 12 month renewal is not paid when due. New joining and/or administration fees will be payable if the membership is not renewed within 14 days of due date.

Signature of applicant:

Date: