



The Caribbean Association of Medical Technologists
For Laboratory Professionals

APPLICATION FOR MEMBERSHIP

NAME.....Male. ☐..Female...☐
Last First Middle Initial

DATE OF BIRTH:BRANCH.....
Day/ Month/ Year

MAILING ADDRESS:

EMAIL ADDRESS.....TELEPHONE CONTACT.....

QUALIFICATION INSTITUTION YEAR

PLACE OF EMPLOYMENT:

PERIOD OF SERVICE: ROLE/POSITION.....
From To

PREVIOUS EMPLOYMENT:.....

PERIOD OF SERVICE: ROLE/POSITION.....
From To

LIST OTHER PROFESSIONAL BODIES/ ASSOCIATION MEMBERSHIP

Copies of certificates, passport size photo and other supporting evidence must accompany this form

Applicant's Signature Recommended by
Date
Day/ Month/ Year

THE APPROPRIATE FEES MUST ALSO BE SUBMITTED:

Registration Fee: Annual Fee = US\$35.00 New applicants only add US\$ 5.00

Reinstatement Fee: US\$50.00 plus Annual Fee \$US35.00 = US\$ 85.00

Student Annual Fee: US\$ 35.00 (For the duration of the training program)

FOR OFFICIAL USE ONLY

MEMBERSHIP CATEGORY;

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Medical Technologist | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Medical Laboratory Technician | <input type="checkbox"/> Associate |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other |
| | (Please specify) _____ |

MEMBERSHIP NUMBER

UD\$.....

Fees Paid

Date Receipt Sent

Sticker Issued

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Membership Certificate Issued

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Date issued

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Branch Chairperson's Signature

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Branch Treasurer's Signature

REMARKS:.....

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