



# Paediatric Association of Jamaica

120 Old Hope Road, Kingston 6, Jamaica, W.I. Tel: 927-5003

Email:

## APPLICATION FORM

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Date of Application: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO.: (w)..... (cell): .....

(office): .....

### QUALIFICATIONS (including POST GRADUATE TRAINING/FELLOWSHIP):

<u>YEAR</u>	<u>UNIVERSITY/AWARDING BODY</u>	<u>DEGREE</u>
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.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

### OTHER PROFESSIONAL ORGANISATIONS / AFFILIATIONS:

.....  
.....

### TALENTS / SPECIAL INTERESTS:

.....

#### OFFICIAL USE ONLY

Category of Membership: .....

Approved by: .....

Date: .....

Name: .....

President/Secretary