

MEMBERSHIP APPLICATION FORM

Please type or print clearly

| | |
|--|-----------------------|
| Company/Organization Name: | |
| Address: | |
| | |
| Postal address (if different from above): | |
| Telephone: | Facsimile: |
| E-mail address: | Website URL: |
| Parent Company/ Organization (if wholly owned): | |
| Subsidiary Company/Organization (if wholly owned): | |
| Number of members on audit committee: | |
| Chairman: | E-mail Address: |
| Member: | E-mail Address: |
| Member: | E-mail Address: |
| Member: | E-mail Address: |
| Member: | E-mail Address: |
| Member: | E-mail Address: |
| Member: | E-mail Address: |

Board of Directors

Chairman: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Member: E-mail Address:

Co. Secretary: E-mail Address:

Company/Organization Profile *(required to be posted on CAACM's website www.caacm.org)*

Empty box for Company/Organization Profile

FEES

Application Fee (Non-refundable)

Payment of a non-refundable membership application fee of USD 150.00 must accompany this application form.

- I enclose cheque/draft in the amount of USD 150.00 made payable to Caribbean Association of Audit Committee Members Inc.
Cheque/draft number.....

Membership Fees (payable on application approval)

USD 1,500.00 per member (an additional USD 500.00 per wholly-owned subsidiary, applicable where the parent company is already a member).

Membership Statement

To the Secretariat:

..... *[Name of applicant]*
wishes to become a member of the Caribbean Association of Audit Committee Members Inc. We accept and support the objectives, purposes and By-laws of the Association and agree to abide by the Code of Practice.

Signature: Date:

OFFICIAL USE ONLY

[] ACCEPTED [] REJECTED [] RECEIPT ISSUED ON/...../.....

MEMBERSHIP NO: