



MEMBERSHIP APPLICATION FORM

Please complete the following in BLOCK CAPITALS.

Type of Membership (Please tick and complete where appropriate):

<input type="checkbox"/>	Full	Institution/Organisation Name					
		Name of Organisation Head	Position Title				
<input type="checkbox"/>	Associate	Institution/Organisation Name					
		Name of Organisation Head	Position Title				
<input type="checkbox"/>	Individual	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Title</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Last Name</td> </tr> </table>			Title	First Name	Last Name
Title	First Name	Last Name					

Address: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

State institution/organization/individual role: _____

SEND YOUR COMPLETED FORM WITH PAYMENT TO:

The Executive Director, Barbados Accreditation Council, 123 A& B "Plaza Centrale" Roebuck Street, St. Michael BB 11080, Bridgetown, Barbados, West Indies - Tel: (246) 436-9094/429-8760; Fax: (246)-429-9233; E-mail: vv-alleyne@bac.gov.bb

NOTE:

Accepted forms of payment (**made payable to CANQATE**) are: Certified Cheque, Postal Money Order or Bank Draft

Membership Categories

Type	Fee	Description
Full Members	US\$100.00	Accrediting Agencies and Tertiary Institutions.
Associate Members	US\$75.00	Organizations with major interest in quality assurance but without the responsibility for quality assurance in education.
Individual Members	US\$50.00	persons who are interested in and/or who focus on quality assurance and standards but who do not have direct responsibility for them.

