



Barbados Association of Palliative Care
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E-mail: barpal2011@gmail.com
www.barbadospalliative.org

Registration #35378

MEMBERSHIP FORM

Name:..... (Mr.) (Mrs.) (Dr.) (Ms.)

Address:.....
.....

Country:.....
.....

Age Range 18-35 36-50..... 50 - 70..... Older.....

Telephone: (h) (Mobile)..... Office/Business.....

E-Mail:
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Organization.....

Salutation..... (PhD, MA; BA; RN etc)

Profession..... Volunteer..... Retired.....

Gender: M..... F.....

Interests: (e.g. fundraising etc)

Hobbies:.....

FEES: \$50.00

Receipt.....

Date of Approval.....