



CAAACM

Caribbean Association of Audit Committee Members Inc.

Chakiro Court, Vide Bouteille, P O Box CP 5404, Castries, Saint Lucia

Telephone: 758 452 3322 ▪ Facsimile: 758 452 2878 ▪ Web: www.caacm.com

MEMBERSHIP APPLICATION FORM

Please type or print clearly

Company/Organisation Name :

Address.....

.....

Postal address (if different from above)

Telephone Facsimile:.....

E-mail address..... Website URL:

Parent Company/Organisation (if wholly owned):

Subsidiary Company/Organisation (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.....

Member:..... e-mail address.....

Member:..... e-mail address.....

Company/Organization Profile (required to be posted on CAACM's website www.caacm.com – please see sample profile on CAIB website www.caib.org - sitemap, members)

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 (CAACM). We accept and support the objectives, purposes and By-laws of the Association and agree to abide by the Code of Practice.

Signature:.....Date:.....

OFFICE USE ONLY

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

MEMBERSHIP NO:.....