

Caribbean Federation of Police Welfare Associations

Office of the Caribbean Federation of Police Welfare Associations
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Date: _____

MEMBER STATES AND OBSERVERS INFORMATION FORM

Organization Name: _____

Organization E-mail: _____

Organization Address: _____

Election Date: _____

Telephone Number: _____

Please complete the table below with members of your elected committee information.

Rank & Name	Position	Telephone	Email

Chairman

Secretary/ General Secretray