



APPLICATION FOR MEMBERSHIP



OF THE ST.LUCIA CIVIL SERVICE ASSOCIATION

FULL NAME: _____ GENDER: Male Female

SOCIAL SECURITY # _____

HOME ADDRESS: _____

DATE OF BIRTH: __/__/__ HOME TEL.#: _____ CELL #: _____

NAME OF WORKPLACE: _____

WORKPLACE ADDRESS: _____

WORK TEL. #: _____ FAX #: _____ E-MAIL: _____

DATE OF EMPLOYMENT: __/__/__ OCCUPATION: _____

CURRENT POSITION: _____

“WHO OR WHAT CAUSED YOU TO JOIN THE ASSOCIATION”: _____

I enclose herewith the sum of TWENTY DOLLARS (\$20.00) as entrance fee and agree to make payments of my subscription and any other contribution in such amounts and in such manner as the Association may determine from time to time.

I hereby agree to adhere to the rules as stated in the Constitution of the St.Lucia Civil Service Association.

DATE THIS DAY OF 200

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SIGNATURE OF APPLICANT

.....
CSA OFFICIAL/REPRESENTATIVE

FOR OFFICIAL PURPOSE ONLY	
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.....	
.....	
MEMBERSHIP	# <input style="width: 50px; height: 20px;" type="text"/>