

**APPLICATION FOR MEMBERSHIP
OF THE
ST LUCIA CIVIL SERVICE ASSOCIATION**

FULL NAME: - _____

HOME ADDRESS: - _____

HOME TEL. #: -- _____ E-MAIL ADDRESS: - _____

NAME OF WORKPLACE: - _____

WORKPLACE ADDRESS: - _____

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

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.

DATED THIS _____ DAY OF _____ 200 _____

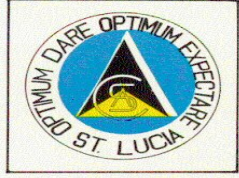
.....
SIGNATURE OF APPLICANT

.....
CSA OFFICIAL / REPRESENTATIVE

FOR OFFICIAL PURPOSE ONLY

MEMBERSHIP #:

ST LUCIA CIVIL SERVICE ASSOCIATION



DATE :

FROM:

TO :

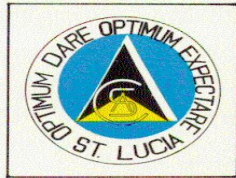
I HEREBY AUTHORIZE THE DEDUCTION OF \$ FROM MY SALARY
FOR THE MONTH OF 200 AND THEREAFTER AT
THE SAME RATE MONTHLY, UNTIL FURTHER NOTICE.

THE AMOUNT IS TO BE CREDITED TO THE ST LUCIA CIVIL SERVICE
ASSOCIATION

.....
SIGNATURE

.....*cut here*.....

ST LUCIA CIVIL SERVICE ASSOCIATION



DATE :

FROM:

TO :

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