



APPLICATION FOR MEMBERSHIP OF THE SAINT LUCIA CIVIL SERVICE ASSOCIATION



1. **SURNAME:** _____ **MIDDLE NAME:** _____ **FIRST NAME:** _____

2. GENDER: Male Female

3. SOCIAL SECURITY # _____

4. NATIONAL ID # _____

5. HOME ADDRESS: _____

6. DATE OF BIRTH: __/__/__ HOME TEL.#: _____ CELL #: _____
DD/MM/YY

7. NAME OF WORKPLACE: _____

8. WORKPLACE ADDRESS: _____

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

10. MAILING ADDRESS: _____

11. DATE OF EMPLOYMENT: __/__/__ OCCUPATION: _____
DD/MM/YY

12. CURRENT POSITION: _____

13. **"WHO OR WHAT CAUSED YOU TO JOIN THE ASSOCIATION":**

Member	Shop Steward	Grievance	Insurance	Public Relations	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I enclose herewith the sum of TWENTY DOLLARS (\$20.00) as application 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 Saint Lucia Civil Service Association.

DATED THIS DAY OF 20.....

.....
SIGNATURE OF APPLICANT

I hereby declare that the prescribed application fee of has been paid as per receipt number of

.....
SIGNATURE OF CSA OFFICIAL/REPRESENTATIVE

FOR OFFICIAL PURPOSE ONLY

At the meeting of the National Executive Council dated the application was considered and **approved** **deferred** **rejected**.

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On behalf of the National Executive Council

MEMBERSHIP #