



# Humanistic Solidarity Association (Saint Lucia ~ Cuba)

*Strengthening Ties Between Saint Lucia & Cuba*

## MEMBERSHIP FORM

TITLE:	MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>	MS. <input type="checkbox"/>	Other <input type="text"/>
NAME:	LAST NAME <input type="text"/>	FIRST NAME(S) <input type="text"/>			
NATIONALITY:	<input type="text"/>	DATE OF BIRTH: (Optional)	DD <input type="text"/>	MM <input type="text"/>	YYYY <input type="text"/>
ADDRESS:	<input type="text"/>				
PHONE NUMBERS:	MOBILE(S): <input type="text"/>	WORK: <input type="text"/>	HOME &/or OTHER(S): <input type="text"/>		
E-MAIL ADDRESS:	<input type="text"/>				
PROFESSION:	<input type="text"/>				

## ADDITIONAL INFORMATION

SPECIAL INTEREST(S):	South Committee:	<input type="checkbox"/>		
	Finance Committee:	<input type="checkbox"/>		
	Fundraising & Events Committee:	<input type="checkbox"/>		
	Youth, Education & Sports Committee:	<input type="checkbox"/>		
	Other (please specify):	<input type="text"/>		
SPECIAL SKILLS:	<input type="text"/>			
SPONSORED BY:	<input type="text"/>			
SIGNATURE:	<input type="text"/>	DATE: <input type="text"/>		
ANNUAL MEMBERSHIP FEE	Adult EC\$50.00 <input type="checkbox"/>	Fee Attached: <input type="checkbox"/>	Under 18 years EC\$20.00 <input type="checkbox"/>	Fee Attached <input type="checkbox"/>

*Thank you for completing this Application Form, and your interest in becoming a Member of HSA*

## HSA ADMINISTRATIVE USE ONLY

MEMBERSHIP NUMBER:	<input type="text"/>
START DATE:	<input type="text"/>
COMMENTS:	<input type="text"/>