



The LUCELEC Club  
P.O. Box 230  
John Compton Highway, Castries  
1-758-457-4400  
[lucelecclub@lucelec.com](mailto:lucelecclub@lucelec.com)

## MEMBERSHIP APPLICATION FORM

I \_\_\_\_\_ of the \_\_\_\_\_ Department hereby give permission for the amount of EC\$5.00 to be deducted on a monthly basis from my salaries/wages as membership fees to the LUCELEC Club.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Club Treasurer: \_\_\_\_\_

Payroll Officer: \_\_\_\_\_