



**SAINT LUCIA  
RED CROSS**

# MEMBERSHIP APPLICATION FORM

Red Cross membership is open to all who want to contribute to improving the lives of the most vulnerable and who commit to abiding to the Fundamental Principles of the Red Cross.

## PERSONAL DETAILS

Title : Mr  Mrs  Miss  Dr

First Name :

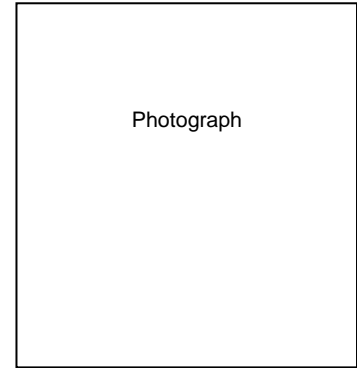
Surname :

Male  Female

Date of birth :  Nationality:

Marital status : Single  Married  Divorced  Widowed

Special Skills :



## ADDRESS

Address :

Mailing :

E-mail :

Contact numbers:

Home :  Cell:  Work:

## IN CASE OF EMERGENCY:

Name :

Mailing Address:

Email Address:

Contact numbers:

Home :  Cell :

## References

Name :

Mailing Address:

Email Address:

Contact numbers:

Home :  Cell :

Work :  Fax :

## References

Name :

Mailing Address:

Email Address:

Contact numbers:

Home :  Cell :

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## Agreement

I hereby apply to become a member of the Saint Lucia Red Cross. I agree to uphold and adhere to the seven Fundamental Principles: Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality. I certify that the above information is true and correct and consent for the Red Cross to record in their data base for reference.

Applicant's signature:  Date: