



# MEMBERSHIP FORM

**DUES \$25/YEAR**

Full Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Suggestions on how we can better serve you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please make Cheque(s) Payable to: "St. Lucia Association of Georgia".**

Mail Form & Checks to the following address:

St. Lucia Association of Georgia

C/O Cornelius Alfred (President)

5893 Hendrix Ln

Mableton, GA 30126