

LUCI Membership Form

Associated Members

Organisation:

Represented by:

Surname:

First name:

Job title:

Tel:

Email:

Address:
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I confirm our intention to become a member of LUCI Association and to participate in its development and everyday life on the basis of the annual fees listed in the document enclosed.

Remarks:

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Date:

Signature:

Please sign and scan this form and send it to: luci@luciassociation.org