

LUCI Membership Form

Associated Members

Organisation:

Number of employees:

Represented by:

Surname:

First name:

Job title:

Tel:

Email:

Address:
.....
.....

- I declare that to the best of my knowledge all details supplied above are correct and complete.
- 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:

.....

.....

Date:

Signature:

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