

**ST. LUCIA CANCER SOCIETY
MEMBERSHIP SUBSCRIPTION REMITTANCE FORM**

TO: Mrs. Pat Gittens, Treasurer
St. Lucia Cancer Society, Box 452, Castries

I am/We are pleased to enclose \$ _____ to cover my/our Annual Membership Subscription for

NAME _____ (Block Letters)
Mr. Mrs. Ms.

POSTAL ADDRESS _____

**ST. LUCIA CANCER SOCIETY'S MEMBERSHIP SUBSCRIPTION
IS \$50.00 PER PERSON ANNUALLY**

#2 Mongiraud St., Box 452, Castries, St. Lucia
Tel: 452-1538, 451-8578, email slucansoc@candw.lc