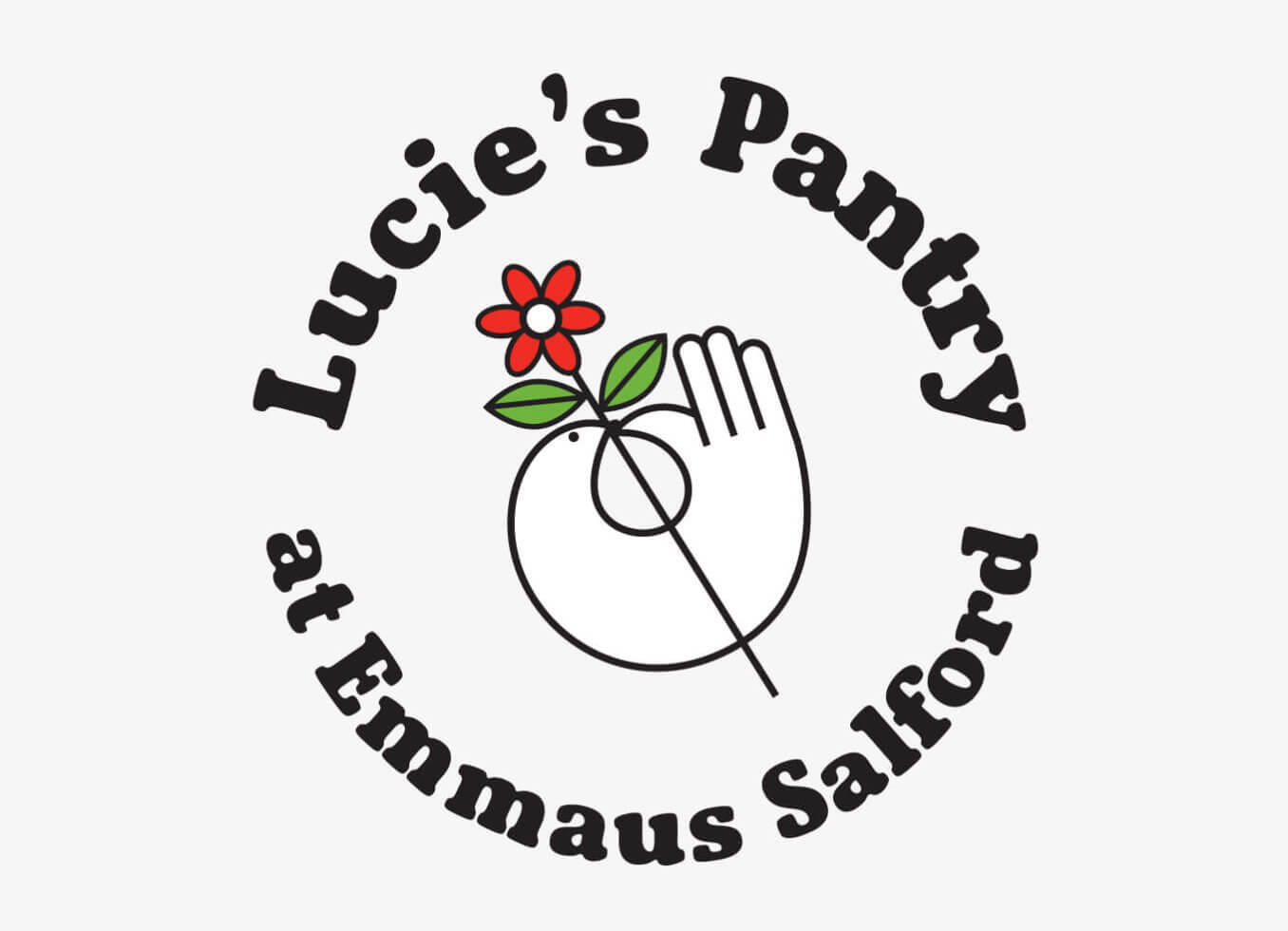
**Lucie’s Pantry Membership Form**

Lucie’s Pantry

101 Fitzwarren Street, Salford, M5 6RQ

**07984 23084**

Name:  **.**

Address: **.**

**..**

Post Code: **.**

Phone Number: **.**

Email: **.**

Number Of Adults in Address: **.** Number Of Children in Address: **.**

Date Of birth: **.**

Employment Staus:

* Working Full Time
* Working Part Time
* Zero Hours Contact
* Casual Work
* Universal Credit
* Unable To Work Due to Ill Health
* Self Employed
* Retired
* Other **.**

Housing:

* Social Housing
* Private Rental
* Owner
* Lodger
* Shared House
* Other **.**

A member of the Pantry team will call on **07984 23084** (or text if there is no answer) to let you know you can begin to shop with us.