AAFI-AFICS APPLICATION FOR MEMBERSHIP

(please print; select the applicable options)	
I am an □ official / □ former official / □ sur	viving spouse of a former official /
of the following Organization:	
Name (☐ Mr. / ☐ Ms.):	
First names(s):	Date of birth:
Name of spouse (optional):	
Date of retirement:	Preferred language: ☐ English / ☐ French
Address	
Telephone:	E-mail:
are then partially deducted. a one-time Life Membership fee of CF If you are already a life member of one life membership fee is reduced to C I hereby confirm I am a Life Men	HF 400.00 e of the Retiree Associations listed below, your AAFI-AFICS
Please return this form to: e-Mail: aafi-afics@un.org (signature not re Postal mail: AAFI-AFICS, Office E 2078, Pal	equired) lais des Nations, CH-1211 Genève 10, Switzerland
Please pay your membership fee into one o Postal account: PostFinance SA Account name: Association des ancien Account: 12-7881-5 IBAN: CH57 0900	s fonctionnaires internationaux, Genève

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Account: 240 128594.LUT IBAN: CH66 0024 0240 1285 94LUT SWIFT/BIC: UBSWCHZH80A