

APPLICATION FORM

I wish to become a member of AFICS(NY)

1. Basic Data

Name (Last, First) and title (Mr., Mrs., Ms., etc.)

Staff member Former Staff member Spouse

Spouse's name: _____

Mailing address: _____

Tel: _____ Fax: _____

E-mail: _____

In an emergency contact:

(Name) _____ Tel: _____

Last Position held: _____

Organization: _____

Service began: _____ Ended: _____

Nationality: _____ Year of birth: _____

Languages: _____

2. Type of Membership (check one):

Full member:

Life US\$300.00

Annual US\$30.00

Associate member:

I am a Life/Annual Member of (Name of Sister Organization):
_____ and wish to become an*

Associate member of AFICS(NY) on the same basis:

Life US\$150.00

Annual US\$15.00

** Delete whichever is inapplicable*

Please make cheque payable to Treasurer AFICS(NY) in US dollars drawn on an American bank.

3. Information for AFICS(NY)

For List of Members (optional)

Please give a short description of your international career:

Organization

Date

_____	_____
_____	_____
_____	_____
_____	_____

Information on your present occupation:

Interests

Travel

Education

Work

Volunteer Activities

UN Activities

other (add below)

Special Skills

Administration

Economic & Social Affairs

Development

Computers

Peace-keeping

other (add below)

4. Volunteers needed:

Please list AFICS(NY) activities in which you would be willing to participate. If possible, indicate any specific area of knowledge or skill you would like to offer. (For example):

Speakers

Elder Care

Assistance

AFICS committees

Social Activities

Other (add below)

Signature: _____

Date: _____

Return to: AFICS(NY), Room DC1-0580
United Nations
New York, NY 10017, USA