



Association of Former International Civil Servants / New York
Established 1970

MEMBERSHIP APPLICATION FORM

I wish to become a member of AFICS/NY.

1. Basic Data

* **Title:** (Mr, Mrs, Ms, Dr, Col, etc) _____ * **Date of Birth:** (DD/MM/YYYY) _____

* **Name:**

First _____

Last _____

* **Staff Member** **Former Staff Member** **Spouse**

Spouse's name/contact information: _____

* **Mailing Address:**

* **Phone/Cell #:** _____

Street Address _____

Apt/Suite/Bldg _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

* **E-mail:** (Personal only – no UN address) _____

Emergency Contact

Name _____ Relationship _____ Phone/Cell # _____

Last Position Held

UN System Organization (from ask.un.org)

Dates (From/To) _____ Dept/Office _____

Nationality _____ Languages _____

* *Required fields*

2. Type of Membership (check one) Following fees are in effect for applications starting 1 October 2024:

Full Member: **Life US\$500.00** **Annual US\$65.00 ****

**** Prorated Fee Schedule:** For those who join prior to or on 30th June, pay \$65 and get membership till 31st December. For those who join from 1st July to 30th September, pay \$40 for membership till 31st December. For those who join from 1st October onwards, pay \$65 and get membership through 31st December of the following year.

Associate Member: *** I am a Life/Annual Member of the UN Sister Organization indicated below, and wish also to become an Associate Member of AFICS/NY on the same basis:

Life US\$250.00 **Annual US\$40.00**

(Name of other UN retiree organization) _____ (Membership Number) _____

*** *Associate Member Eligibility is membership in another UN retiree association. Please indicate name of primary association and provide membership number.*

3. Information for AFICS/NY and member networking:

Please give a short description of your international career, using acronyms:

UN System Organization
(Secretariat, UNICEF, UNDP, ILO, etc)

Dept/Office
(DGACM, OHR, OICT, etc)

Dates (From/To)

Information on your present occupation, if any:

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.

<input type="checkbox"/> Ageing Smart	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Information Technology & Communication	<input type="checkbox"/> Pension
<input type="checkbox"/> Membership	
<input type="checkbox"/> Social & Other Events	
<input type="checkbox"/> Organizing Panel Discussions or Seminars	
<input type="checkbox"/> Outreach (elder care)	<input type="checkbox"/> Legal
<input type="checkbox"/> Office Work	<input type="checkbox"/> Speaking Engagements
<input type="checkbox"/> Helpdesk Support	<input type="checkbox"/> Editorial Work
<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Other (add below)	<input type="checkbox"/> Social Media/Networking

Area(s) of expertise:

Concerns/issues you wish AFICS/NY to address, or innovations to consider:

Signature: _____

Date: _____

Please contact afics@un.org regarding payment online via UNFCU (*preferred option*),
OR make cheque payable to "Treasurer AFICS/NY" in US dollars drawn on an US bank
and mail to:

**AFICS/NY, c/o United Nations
405 East 42nd Street
Room U-400
New York, NY 10017, USA**



Tel: 212-963-2943

Email: afics@un.org

Website: www.un.org/other/afics

rev. 26 September 2024