



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) _____ * **DoB:** (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 # _____
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Last Position Held _____ [UN System Organization](http://ask.un.org) (from ask.un.org)

Dates (From/To) _____ **Dept/Office** _____

Nationality _____ **Languages** _____
* *Required fields*

2. Type of Membership (check one):

Full Member: **Life US\$400.00** **Annual US\$45.00 ****

**** Prorated Fee Schedule:** *For those who join prior to or on 30th June, pay \$45 and get membership till 31st December. For those who join from 1st July to 30th September, pay \$25 for membership till 31st December. For those who join from 1st October onwards, pay \$45 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\$200.00 **Annual US\$25.00**

_____ (Name of other UN retiree organization)	_____ (Membership Number)
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*** **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"/> Legal |
| <input type="checkbox"/> Social & Other Events | <input type="checkbox"/> Speaking Engagements |
| <input type="checkbox"/> Organizing Panel Discussions or Seminars | <input type="checkbox"/> Editorial Work |
| <input type="checkbox"/> Outreach (elder care) | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Social Media/Networking |
| <input type="checkbox"/> Helpdesk Support | |
| <input type="checkbox"/> Volunteer Coordination | |
| <input type="checkbox"/> Other (add below) | |

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 a US bank and mail to:

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

