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.

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

Area(s) of expertise:

_____

_____

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

_____

_____

I agree to be listed in the AFICS/NY Directory of Members:

YES_____ NO_____

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