Association of Former International Civil Servants (AFICS) - Cyprus

c/o UNFICYP Registry, P.O. Box 25644, CY-2063 Nicosia, Cyprus

telephone: +357 22 61 47 26 - e-mail: afics-cyp@un.org - Web-site: www.afics-cyprus.org

Application Form for Ordinary Membership in AFICS-Cyprus

* Mandatory Fields

Please use BLOCK letter

First Name(s) *: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20)

Middle Name(s): (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15) Date of Birth: (D D M M Y Y Y Y)

Last Name(s) *: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30)

Telephone *: Home: (1 2 3 4 5 6 7 8) and/or Cell Phone: (1 2 3 4 5 6 7 8)

Additional Phone: (1 2 3 4 5 6 7 8) Ext: (1 2 3 4)

Primary E-mail Address *: [a] (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30)

Secondary E-mail Address: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30)

Street Address & Number *: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30)

Flat/Apartment No.: (1 2 3 4 5 6 7) Building/Court: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16)

Post Code *: (1 2 3 4)

Municipality/Community: (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20)

District *: (1 2 3 4 5 6 7 8 9 10 11 12) (Nicosia/Larnaca/Limassol/Paphos/Ammochostos/Other)

and **/ or ***

P.O. Box (1 2 3 4 5 6) Post Code: (1 2 3 4) District: (1 2 3 4 5 6 7 8 9 10 11 12)

Status *: (please √ check one) Former staff member (s/m) or official: ☐ Former expert/consultant of UN System: ☐

Spouse/partner of s/m: ☐ Surviving spouse/partner of s/m: ☐ Active s/m: ☐

Retiree or Beneficiary : If your monthly pension benefit is less than Euro 500 or its equivalent in USD, please √ box ☐

Employer Organization prior to Retirement: (1 2 3 4 5 6 7 8) Country: (1 2 3 4 5 6 7 8 9 10 11 12)
(acronymn) or current UN employeer, if active

Would you like to assist the Executive Committee of AFICS-CYP (YES/NO): (1 2 3)

If YES, please list skills and/or areas of interest: _____

_____

_____

_____

Signature: _____ Date: _____

[a] If e-mail address is available

INTERNAL AFICS-CYP USE ONLY

DATE RECEIVED: (D D M M Y Y) CHECKED & APPROVED BY: ☐ RECORDED IN DB ☐

FA 10-2018