



Association of Former International Civil Servants (AFICS) - Cyprus

c/o UNFICYP Registry, P.O. Box 25644, CY-1311 Nicosia, Cyprus

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Application Form for Ordinary Membership in AFICS-Cyprus

* Mandatory Fields

Please use **BLOCK** letter

First Name(s) *: [Grid with 20 columns]

Middle Name(s): [Grid with 15 columns] Date of Birth: [Grid with 8 columns, labeled D, D, M, M, Y, Y, Y, Y]

Last Name(s) *: [Grid with 30 columns]

Telephone *: Home: [Grid with 8 columns] and/or Cell Phone: [Grid with 8 columns]

Additional Phone: [Grid with 8 columns] Ext: [Grid with 4 columns]

Primary E-mail Address *: ^a [Grid with 30 columns]

Secondary E-mail Address: [Grid with 30 columns]

Street Address & Number *: [Grid with 30 columns]

Flat/Apartment No.: [Grid with 7 columns] Building/Court: [Grid with 16 columns]

Post Code *: [Grid with 4 columns]

Municipality/Community: [Grid with 20 columns]

District *: [Grid with 12 columns] (Nicosia/Larnaca/Limassol/Paphos/Ammochostos/Other)

P.O. Box [Grid with 6 columns] Post Code: [Grid with 4 columns] District: [Grid with 12 columns]

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: [Grid with 8 columns] Country: [Grid with 12 columns]
(acronym) or current UN employee, if active

Would you like to assist the Executive Committee of AFICS-CYP (YES/NO): [Grid with 3 columns]

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: [Grid with 8 columns, labeled D, D, M, M, Y, Y] CHECKED & APPROVED BY: [Box] RECORDED IN DB:
FA 11-2019