.FFOA Membership Number: ....

FORMER FAO AND OTHER UN STAFF ASSOCIATION – FFOA
Membership Application Form
☞ to be completed and submitted to the FFOA Office with 2 recent passport-size photographs
☜

Articles of Association: Art. II, para. 2: "Application for membership shall be submitted to the Executive Committee for approval"

Title ☐…….. ☐ Dr. Mr. ☐ Mrs. ☐ Ms.	Gender ☐ M ☐ F	Name	Surname	Nationality.	Index No.

Permanent Mailing Address	Postal Code	City	Country	Correspon-dence in ☐ English ☐ Italian

Phone No. +country+city	Fax No. +country+city	Mobile Phone No.	E-mail address	

Temporary Address	Postal Code	City	Country	Valid from/till ……/…../…..../ ……/…../…..../ dd / mm / yy

Civil status ☐ married ☐ single ☐ divorced ☐ widow ☐ widower	Membership type and Fee ☐Life Member €375,00+ €10,00 Registration Fee ☐Annual Member 1year €25,00+€10,00 Registr. Fee ☐4Years +1Year free €100,00+ €10,00 Registr. Fee	Entitled to receive a UNJSPF pension? ☐x Yes or ☐ No UNJSPF No.	Served a UN Org. for at least 5 years? ☐x Yes or ☐ No

Date of Birth ……/......./…../ dd / mm / yy	Date joined UN ……/……/…../ dd / mm / yy	Date retired ……/…..../…../ dd / mm / yy	Last Organization	Last job title	Last Grade

(the information requested below is optional)

Name of a relative or friend for emergency contact			Phone No. +country+city	Fax No. +country+city	Mobile Phone
Name	Surname	Relationship			
Address		Postal Code	City	Country	E-mail

I confirm that I have provided the information above under the condition that it shall be entered in a database used by and under the control of FFOA.

Signed in: …Rome…on: ………/………. /…....../ ....
               dd / mm / yy   (applicant's signature)