



Form to be completed and sent to:

**AAPOCAD**  
**2, rue André Pascal**  
**75775 Paris Cedex 16**

Association of Pensioned Staff of the Coordinated  
Organisation and of their Dependants (AAPOCAD)

## MEMBERSHIP FORM

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I, the undersigned Mr/Ms

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Civil Status: Married - Widowed - Divorced - Single <sup>(1)</sup>

Organisation: \_\_\_\_\_

Last Grade: \_\_\_\_\_

Type of Pension: Retirement - Survivor's - Orphan's - Invalidity - Deferred <sup>(1)</sup>

Starting Date of your Pension: \_\_\_\_\_

Preferred Language: FRENCH - ENGLISH <sup>(1)</sup>

Would you agree to have your name and e-mail address appear on the list of  
members by Organisation? YES - NO <sup>(1)</sup>

Hereby declare that I wish to become a member of the Association of Pensioned Staff  
of the Coordinated Organisations and of their Dependants (AAPOCAD);

Authorise the deduction of my Subscription from my Pension.

Done at: \_\_\_\_\_ On: \_\_\_\_\_

Signature (*please write "Read and Approved" before your signature*):

<sup>(1)</sup> Delete as necessary