



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

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 ⁽¹⁾

Organisation: _____

Last Grade: _____

Type of Pension: Retirement - Survivor's - Orphan's - Invalidity - Deferred ⁽¹⁾

Starting Date of your Pension: _____

Prefered Language: FRENCH - ENGLISH ⁽¹⁾

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

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):

⁽¹⁾ Delete as necessary