



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

First Name: _____

Last Name: _____

Full Address: _____

E-mail: _____

Telephone Number: _____ Mobile Number: _____

Nationality:

Date of Birth:

Civil Status:

Organisation:

Last Grade:

Type of Pension:

Starting Date of your Pension:

Preferred Language:

Would you agree to have your name and e-mail address appear on the list of members by Organisation?

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: