.FFOA Membership Number: .............................................

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| **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) | | | | | | | | | |
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| **For the use of FFOA € 10,00 received: 🞏 Yes // 🞏 No**  **Data entered on: ……../……./……. by: …………………………………………………**  **Verified on: ………../………/…….. by: …………………………………......………..….** | | | | | | | | | | | | | | | | | | | | | |

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