

## ARICSA MEMBERSHIP APPLICATION

Name First name(s)					
Title:	ender:				
Address:	(Street address / P.O. Box No., S	tate/Province if	necessary)		
(PLZ/postal code)	City		Country		
Primary Nationality:	y: Email:				
Telephone(s):	ne(s):		Date of retirement:		
Last UN-system employer: 1	AEA /UNIDO/UNOV/Other _				
Date:	Signatur	e:			
	RSHIP FEE IS € 18.00 FOR ALL M LIFE MEMBERSHIP FOR € 220.00		ATEGORIES. A	ALTERNATIVELY,	
ANNUAL MEMBERSHI	P (€18) or LIFE MI	EMBERSHIP	(€ 220)		
Your Choices: Data protection regyou prefer to work electronically as	gulations stipulate that you have to act and share your contact information.	ively click your ch	noices. ARICSA	naturally hopes that	
Please check whether you wa	nt to receive our Newsletters ele	ctronically (pre	eferred)	or paper	
Please check whether you wa	nt to receive news bulletins via	email: Yes	or No		
	DIRECTORY OF M	EMBERS			
- · ·	tect the privacy of your personal cting you, and for our Members!			•	
Please include my r Directory, as specif	name, address, email, and telephoried below:	one number(s)	in the Membe	rship	
Please include my name Please include my mailing address		Yes	No	your name means man none of	
		Yes	No	your information will appear	
				<u>.</u>	
Please incl	ude my email address	Yes	No		

Please send me a copy of the Directory of Members (PDF via email only)

Please return the completed form to the ARICSA office, room C-0249B or email to office@aricsa.org.

## **ARICSA** banking information

Account Name: ARICSA IBAN: AT87 1100 0083 7315 7000 at Bank Austria (BLZ 12000) Account Number: 08373157000 BIC: BKAUATWW

Please include your name when paying your membership