

## ARICSA MEMBERSHIP APPLICATION

Traine			First name(s)		
Title:	Gender:				
Address:					
	(Street addre	ess / P.C	O. Box No., State/Province if no		
(DI 7/	City			Austria	
(PLZ/postal code)	City			Country	
Primary Nationality:			Email:		
Telephone(s):		Date of retirement:			
Last UN-system employe	er: IAEA /UNIDO	/UNO	OV/Other		
Date:		-	Signature:		
THE ANNUAL ARICSA ME ARICSA OFFERS A ONE-T				TEGORIES. ALTERNATIVELY,	
ANNUAL MEMBERS	<b>SHIP</b> (€18)	or	LIFE MEMBERSHIP	(€ 220)	
Your Choices: Data protection you prefer to work electronical				ices. ARICSA naturally hopes that	
Please check whether you	want to receive ou	r New	vsletters electronically (pref	erred) or paper	
Please check whether you	a want to receive ne	ws bu	ılletins via email: Yes	or No	
	<u>DIRI</u>	ECTO	ORY OF MEMBERS		
* *		•	our personal data. We use the Bur Membership Directory, av	nis information only for internal vailable to all members.	
Please do <b>not</b> in	nclude any of my in	forma	ntion in the Membership Dir	ectory	
	my name, address, the exceptions clic		and telephone number(s) in elow:	n the Membership	
	Please do 1	not inc	clude my mailing address		
	Please do 1	not inc	clude my email address		
	Please do 1	ot inc	elude my telephone number(	(s)	
Please send me a c	opy of the Director	y of N	Members (PDF via email on	ıly)	

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

## **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