



## APPLICATION FOR MEMBERSHIP

Mr.: \_\_\_\_\_ Mrs.: \_\_\_\_\_ Last Name: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Private address: \_\_\_\_\_

Organization: \_\_\_\_\_ Division: \_\_\_\_\_ Office n°: \_\_\_\_\_

Telephone: \_\_\_\_\_ Professional email: \_\_\_\_\_ Marital status: \_\_\_\_\_

Private email: \_\_\_\_\_ Entry date on duty: \_\_\_\_\_

Type of contract: \_\_\_\_\_ Grade: \_\_\_\_\_ End of contact: \_\_\_\_\_

Duty station: \_\_\_\_\_ Index/staff N°: \_\_\_\_\_

I, the undersigned, declare that I have read the Internal Rules and Regulations and Statutes and, by joining, agree to comply with them.

Place and date: \_\_\_\_\_ Signature: \_\_\_\_\_

(to be completed by La Mutuelle: membership fee paid \_\_\_\_\_)