



ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS (AFSM)

Registration Form

Last Name:
First Name:
Address:
City:
State:
Zip Code:
Country:
Home Phone:
Cell Phone:
Fax:
E-mail:

Would you like your name, address, telephone, fax and E-mail to be published in the AFSM Directory?

Yes No

Please do not include the following items in the Directory:

Click here to enter text.

DUES:

Lifetime membership US \$150.00

I am enclosing check # Payable to AFSM

Signature/Name:

Date:

If you have an account in the PAHO/WHO Federal Credit Union, you may request them to make a transfer from your account to the AFSM account. Send the registration form to Ms. Hortensia Saginor via email afsmpanho@gmail.com with the information of the amount and date of the transfer.

Or by mail to:

AFSM / Ms. Hortensia Saginor
c/o Pan American Health Organization
525 23rd Street,
Washington, D. C. 20037, USA

- Note:**
1. Download the form to your computer
 2. Fill the information and save the file
 3. Send the document to AFSM via email