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**ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS (AFSM)**

**Registration and Renewal Form - 2017**

New member:  Renewal:

|  |
| --- |
| Last Name: Click here to enter text. |
| First Name: Click here to enter text. |
| Address: Click here to enter text. |
| City: Click here to enter text. |
| State: Click here to enter text. |
| Zip Code: Click here to enter text. |
| Country: Click here to enter text. |
| Home Phone: Click here to enter text. |
| Cell Phone: Click here to enter text. |
| Fax: Click here to enter text. |
| E-mail: Click here to enter text. |

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.

Click here to enter text.

DUES:

Ten-years membership US $100.00 Lifetime membership US $150.00

I am enclosing check # Click here to enter text.

Payable to AFSM in the amount of US$ Click here to enter text.

Signature/Name: Click here to enter text. Date: Click here to enter text.

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 R. Saginor via email at [isaginor@aol.com](mailto:isaginor@aol.com) or [hortensiasagi@gmail.com](mailto:hortensiasagi@gmail.com) with the information of the amount and date of the transfer.

Or by mail to:

Ms. Hortensia R. Saginor, AFSM

c/o Pan American Health Organization

525 23rd Street,

Washington, D. C. 20037, USA

Ms. Hortensia R. Saginor, AFSM

4620 N. Park Ave., # 1507W

N. W. Chevy Chase, Md. 20815, USA

[isaginor@aol.com](mailto:isaginor@aol.com) or [hortensiasagi@gmail.com](mailto:hortensiasagi@gmail.com)