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

**CHANGE OF ADDRESS FORM**

|  |
| --- |
| Last Name: Click here to enter text. |
| First Name: Click here to enter text. |

**OLD ADDRESS**

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| --- |
| 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.  |

**NEW ADDRESS**

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| --- |
| 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.  |

Sent by MAIL to:

AFSM / Ms. Hortensia Saginor

c/o Pan American Health Organization

525 23rd Street,

Washington, D. C. 20037, USA

Send by EMAIL to:

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