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

**Registration Form**

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| --- |
| 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:

Lifetime membership US $150.00

I am enclosing check # Click here to enter text. Payable to AFSM

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 Saginor

via email afsmpaho@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