

INTERNATIONAL ASSOCIATION OF FORMER OFFICIALS
OF THE EUROPEAN COMMUNITIES
ASSOCIATION INTERNATIONALE DES ANCIENS DES
COMMUNAUTÉS EUROPÉENNES

A.I.A.C.E. - UK Branch

MEMBERSHIP APPLICATION

Name and Forename (+ maiden name where applicable) :

..... ; **Date of birth** :

Title : ; **Pension No** : ; **Nationality** :

Home address :

Street.....**House name or no**.....

Postcode : ; **Town** :

County : (UK only); **Country**

Telephone : **Fax** :

Email : ; **Mobile**:.....

Last post held with the Communities:
(or post held by partner/spouse in the case of survivors)

Period of service : from /to.....

Institution :

I hereby apply for membership of the AIACE-UK Branch:

Place ; **Date**

SIGNATURE :

Please return this form with your cheque for £22 (payable to AIACE-UK), to:
AIACE-UK, Europe House, 32, Smith Square, London SW1P 3EU

Information provided by you will be entered on our database which is used to send you newsletters and invitations to meetings. The information is also included in our bi-annual Membership list, posted to all members and uploaded to the pass-word protected area of the AIACE-UK website. If you have any queries about this, please contact: aiace-uk@ec.europa.eu or at the above address.

Oct2011