

**INTERNATIONAL ASSOCIATION OF FORMER OFFICIALS
OF THE EUROPEAN COMMUNITIES
ASSOCIATION INTERNATIONALE DES ANCIENS DES
COMMUNAUTES EUROPEENNES
AIACE - UK Branch**

MEMBERSHIP APPLICATION

Name and Forename (+ maiden name where applicable) :

..... *Title:*

Date of birth: *Nationality:* *Pension No:*.....

Home address.....

.....

Town :..... *Postcode :*

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:

SIGNATURE:..... *Date*

**Please return this form, with your cheque for £22, to:
AIACE-UK, 8 Storey's Gate, London SW1P 3AT**

Jul09