**UNDP/UNFPA/UNOPS/UNWOMEN STAFF ASSOCIATION MEMBERSHIP FORM**

**Associate Members *(Constitution - Chapter II, Art. 4, para 1)***

***(Please print or type)***

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Agency\_\_\_\_\_\_\_\_\_\_\_,

Duty station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_

would like to join the Staff Association in the capacity as Associate members.

I also understand that my **AUTHORIZATION** to join as Associate members remains **VALID** until cancelled by email to my Local Staff Association with a copy to registry.staff-council@undp.org.

*(This form should be submitted to your Local Staff Association with a copy to* *registry.staff-council@undp.org* *. Membership dues are not mandatory for associate members, but voluntary contributions to your Local Staff Association are welcomed).*

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**Date Signature**