



**ASSOCIATION OF RETIREES OF THE ORGANIZATION OF
AMERICAN STATES (AROAS)**

1889 F Street, N.W. #629 Washington, D.C. 20006

Telephone No. 202-370-9887 - Fax No. 202-458-3089

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MEMBERSHIP REGISTRATION FORM

New Annual (\$30:00) January 1st- December 31, _____

Renewal Lifetime (\$300)

Name: _____ **Date** _____
(Last) (First) (Middle)

Date of Birth: _____
(Month) (Day) (Year)

Address: _____ **Phone (H)** _____
_____ **(W)** _____
_____ **Fax:** _____
_____ **E-mail** _____

Are you a member of the Retirement and Pension Fund? _____

Are you in the Health Insurance Plan of the OAS? _____

Date or dates of employment at the OAS (Years) _____

Office(s) or Department(s) where you worked: _____

Would you be willing to serve as a volunteer for AROAS activities? _____

Remit to:

AROAS
1889 F Street N.W. # 629
Washington, D.C. 20006

Signature or initials