



STAFF ASSOCIATIONS/UNION
PAYROLL DEDUCTION OF MEMBERSHIP DUES

REQUEST FOR: **ENROLMENT**

INSTRUCTIONS: After completion forward full set as follows:

Professional Staff to: AP-in-FAO Office by pouch or by e-mail;

General Service Staff to: Union of General Service Staff

I wish to enrol as a member of the: **AP-in-FAO**

and observe its Statutes and by-laws

STAFF MEMBER TO COMPLETE

Name	Index No.	Grade	Country of Assignment	Div. Symbol	Room	Proposed Commencing Date
FOR COMPLETION BY FIELD STAFF ONLY						
Project Title					Project Number	
Mailing Address (Where possible use UNDP or FAO Representative office address)						
Street:						
Town/City:						
Province:						
Country:						
Zip Code:						

I hereby authorize the Food and Agriculture Organization to:

☒ Deduct the established amount from my salary each month starting on the date indicated above, or the month following the date of submission, whichever is the later, the membership dues of the Association / Union of which I am a member.

☐ Discontinue the monthly deduction from my salary

Date

Staff Member's Signature _____

FOR USE BY ASSOCIATIONS/UNION/SHARED SERVICES CENTRE(SSC)/HUMAN RESOURCES DIVISION(CSH)

Payroll Item	Item Description	Enrolment	Withdrawal	Effective Starting Date								
58.010	Association of Professionals in FAO (for FAO staff only)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td><td>For COS</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Day	Month	Year	For COS				
Day	Month	Year	For COS									
58.012	Union of Local and Non-Local GS Staff	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td><td>For COS</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Day	Month	Year	For COS				
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ADM:200 RE10/1

FOR MORE INFORMATION ON THE ASSOCIATION OF PROFESSIONALS IN FAO CHECK THE FOLLOWING WEBSITE: <http://ap.fao.org>