SHAPE OFFICERS ASSOCIATION (SOA)

(RE)APPLICATION FOR MEMBERSHIP

LAST NAME: ..... FIRST NAME & INITIALS .....

RANK/NATO CIV GRADE: ..... SERVICE (A, AF, N) ……..

DATE OF BIRTH:…… RETIRED: YES/NO (If yes, date of retirement: .....)

NATIONALITY:..... SPOUSE'S FIRST NAME: .....

OFFICE TEL :..... HOME/ CELL TEL:.....

MAILING ADDRESS: .....

.....

.....

FAX: .....**E-MAIL: (mandatory).....**

DATES OF ASSIGNMENT AT SHAPE: FROM..... TO .....

DATES OF ASSIGNMENT AT A MAJOR SUBORDINATE COMMAND, NAMILCOM, IMS, NATO DEFENCE COLLEGE OR ANY OTHER MILITARY HQ PERMANENTLY ATTACHED TO SHAPE:

FROM:..... TO..... SERVED AT: .....

RATES:

SUBSCRIPTION YEAR : FREE. Do not pay any fee until solicited for the next year !!!

Annual fee	**10 €**	**$ 15**

Payments have to be made by bank transfer. Bank payments to account number: **270-0461556-83** (Fortis Banque, B-7020 NIMY). For international payments: IBAN: BE14 2700 4615 5683 and BIC is: GEBABEBB.
For Canadian and USA members living in North America, please follow instructions given by your Chapter.

_____ **(DATE)** _____ **(SIGNATURE)**

RETURN THIS FORM TO: shapeoa@gmail.com

or mail to :
SHAPE Officers Association
Communications Division, Room 249, Building 102 ,
B-7010 SHAPE, Belgium

For Canadian or US members living in North America, please follow instructions given by your Chapter.