

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 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:

SUBSCRIPTION RATES

	Euros	Dollars
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
Public Affairs Office, Room 232, Building 102 , B-7010 SHAPE, Belgium

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