

MEMBERSHIP APPLICATION FORM (*)

Your personal information will be held solely for the use of the Associations

PERSONAL INFORMATION

Ms. ☐ Mr. ☐ Mrs. ☐

FIRST NAME : _____ LAST NAME : _____

PLACE & DATE OF BIRTH (dd/mm/yyyy) : _____ NATIONALITY : _____

ADDRESS : _____ Nr : _____ Box : _____

POSTAL CODE : _____ CITY : _____ COUNTRY : _____

FIXED TEL : _____ MOBILE : _____ EMAIL : _____

LANGUAGE : English ☐ or Français ☐

SOCIAL SECURITY AND INSURANCES : Allianz Care : ☐ Local Insurance : ☐

NATIONAL REGISTER : (Belgians only) _____

PENSION ID (as indicated on your pension payslip) : _____

SPOUSE or EMERGENCY CONTACT INFORMATION

FIRST NAME : _____ LAST NAME : _____

PLACE & DATE OF BIRTH (dd/mm/yyyy) : _____ NATIONALITY : _____

FIXED TEL : _____ MOBILE : _____ EMAIL : _____

NATO EMPLOYMENT INFORMATION

BODY OF LAST ASSIGNMENT : _____

EMPLOYMENT START DATE (dd/mm/yyyy) : _____ RETIREMENT DATE : _____

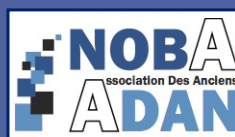
AREA OF SPECIALITY : _____

TYPE OF PENSION

COORDINATED PENSION SCHEME : ☐ PROVIDENT FUND : ☐ DCPS : ☐ OTHER : ☐

IF OTHER PLEASE SPECIFY : _____

(*) Please refer to the approved COMPLETION INSTRUCTIONS



MEMBERSHIP APPLICATION FORM

ASSOCIATION MEMBERSHIP ELIGIBILITY

APCROC/ANARCP ☐

ARNS/ARO ☐

ARNF/AROF ☐

ADAN/NOBA ☐

MEMBERSHIP ANNUAL SUBSCRIPTION

Bank Transfer ☐

Via Pension Unit (our preference) ☐

Cheque (ARNF members only) ☐

Reception of NATO Staff Bulletin ☐

by email ☐

by post (ARNS members only) ☐

PLEASE SEND THIS APPLICATION TO :

Mail to

or

Scan and email to

APCROC/ANARP :

ANARCP (Membership)
HRM Branch Human Resources
Management Directorate
B-7010 - SHAPE
Belgium

anarcporg@gmail.com

anarcporg@gmail.com

A

:

ARO/ARNS
c/o Staff Centre
NATO HQ
1110 Brussels
Belgium

:

ARNF/AROF

STO CSO
Rue Ancelle, 7
92200 Neuilly-sur-Seine Cedex
France

arof@cnrca.nato.int

NOBA/ADAN

NSPA NOBA/ADAN
Rue de la Gare, 11
L-8302 Capellen
Luxemburg

noba-adan@cnrca.nato.int

After verification and acceptance of your information, you will be contacted.

Membership will also give you access to the CNRCSA website after registration and login.

MEMBERSHIP APPLICATION FORM - COMPLETION INSTRUCTIONS

Please complete the fields to the best possible extent. (* = mandatory field)

Property		Description
First name	*	Name under which you were registered at the NATO Body.
Last name	*	Name under which you were registered at the NATO Body
Date of birth	*	Format is day/month/year. Example: 05/12/1945. This format applies to all date fields.
Nationality	*	Refers to the nationality of the applicant as recognized by NATO.
Language	*	Desired language for correspondence.
Social security	*	Select your social security entitlements. Could be either Allianz Care or your local insurance scheme or both.
Fixed phone number and/or mobile phone number		Only integer submissions are allowed. Follow the national conventions for writing telephone numbers but start with + (or 00) and your country code. This format applies to all phone number fields.
Email address		The content of this field must be a valid email. Only with a valid email will you be able to access the CNRCSA website.
National register	*	Only applicable to Belgian applicants. Your registrant ID at the National register as indicated on your ID card.
Pension ID	*	Your pension ID number as indicated on your pension payslip.
Emergency contact		Complete the details for the person to be contacted by your pension service in the event of an (medical) emergency. In this definition, the relationship could be a living person in the nearest degree of relationship to a particular individual or a friend or a neighbour.
Body of last assignment	*	Indicate the name of the NATO body of your last assignment.
Type of pension	*	Please check as applicable. If other is selected, give a clear description of the type. Only select one option.
Area of speciality		An area of study or skill in which you are expert and for which your Association could ask your support or advice.