

**FICSA APPLICATION FORM FOR OBSERVER STATUS**

**(FUNSAs)**

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| **APPLICATION FORM** |
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| 1. | Name of the Federation: |  |
| 2. | List of affiliated staff associations: |  |
| 3. | Name of the Chair/President:Tel:Email address: |  |
| 4. | Based in (duty station): |  |
| 5. | Established in (indicate year): |  |
| 6. | Official, established statutes.If yes, please attach a copy. | YES / NO |
| 7. | Dues-collection scheme: | YES / NO |
| 8. | If not, how are dues collected? Please state: |  |
| 9. | Do any of the administrations of the affiliated agencies provide for any of the infrastructure, services, etc.? | YES / NO |
| 10. | Staff issues/concerns that are of current interest to your members. Please state: |  |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_