

CHANGE OF AUAN MEMBERSHIP CATEGORY

First Name : _____

Last Name : _____

Identification number : _____

ID card series: _____ No. _____

I want to change my AUAN membership category :

from active
 supporting
 voluntary

to

active
supporting
voluntary

Date _____

Signature _____

Note:

The form is completed in two copies, one is sent to AUAN along with a copy of the ID card and one remains at the applicant.

All fields must be filled in, otherwise the application will not be processed.