



THE ASSOCIATION OF RETIREES OF THE INTERAMERICAN DEVELOPMENT BANK,
THE INTERAMERICAN INVESTMENT CORPORATION,
AND THE MULTILATERAL INVESTMENT FUND

APPLICATION FOR MEMBERSHIP (International Retirees)

Last Name _____

Name _____

Address _____

(City) (State/ Country) (Zip Code)

Telephone _____ Cell Phone _____

E-mail _____ IDB ID Number _____

Spouse/Partner Name _____

As a member, your name and address will be automatically included in the Directory, **unless you specifically request that it be excluded.** Exclude: Yes___ No___

AUTHORIZATION FOR DEDUCTION OF MEMBERSHIP DUES

I, _____, IDB ID Number _____
authorize the Salaries and Benefits Payment Section of the Inter-American Development Bank to deduct from my monthly pension, effective _____, **THREE U.S. DOLLARS** for membership dues in the IDB Retirees Association and to deposit it at the Association's account No. 2585200-9 at the IDB Credit Union.

Signature

Date

Please send this form to: Retirees Association of the IDB, Stop W-0424, 1300 New York Ave., NW. Washington, D.C. 20577. Tel: (202) 623-3035, Fax: (202) 623-3083, Email: retirees@iadb.org