



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

APPLICATION FOR MEMBERSHIP (Local 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 ___

MEMBERSHIP DUES

I, _____, IDB ID Number _____

wish to become a member of the IDB Retirees Association effective _____ and

for this purpose I include my check No. _____ for the amount of US\$10.00 as a sole

payment required from retirees from the Local Retirement Plan.

Signature

Date

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