



**ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS (AFSM)**

**CHANGE OF ADDRESS FORM**

Last Name:
First Name:

**OLD ADDRESS**

Address:
City:
State:
Zip Code:
Country:
Home Phone:
Cell Phone:
Fax:
E-mail:

**NEW ADDRESS**

Address:
City:
State:
Zip Code:
Country:
Home Phone:
Cell Phone:
Fax:
E-mail:

Sent by MAIL to:  
AFSM / Ms. Hortensia Saginor  
c/o Pan American Health Organization  
525 23rd Street,  
Washington, D. C. 20037, USA

Sent by EMAIL to:  
AFSM / Ms. Hortensia Saginor  
[afsmpaho@gmail.com](mailto:afsmpaho@gmail.com)

- Note:**
1. Download the form to your computer
  2. Fill the information and save the form
  3. Send the document to AFSM via email