ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

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91200 ATHIS-MONS
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UPDATE MEMBERSHIP PROFILE

APPN MEMBERSHIP CODE: # _____

SURNAME: _____ **FIRST NAME:** _____

☐ **NEW EMPLOYER**

Employer: _____ Base: _____ Country: _____

Note: *Please attach new ICAO ATPL, Medical class 1 and last salary note of your new employer*

☐ **NEW ADDRESS**

Postal Address *(where post mail can be delivered)*: _____

_____

City: _____ Country: _____

☐ **NEW EMAIL:** _____

☐ **NEW CREDIT CARD**

Request of the premium payment : ☐ Quarterly ☐ Half-yearly ☐ Annually

☐ VISA ☐ MASTERCARD

Credit Card Number: | | | | | | | | | | | | | | | |

Valid until: | | | | | | | |

Verification Code: | | | |

With my signature I authorize APPN (France) to apply the necessary changes to update my membership details and if requested to deduct my monthly premiums from the new credit card according to the payment plan with immediate effect. I certify that I am the authorized signer of the credit card mentioned in this form. A Credit Card surcharge of 1,6 % will be applied on the monthly premium to all members due to non-profit organization status of APPN in France.

Location/Date: _____ Signature _____