



ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT

82 Avenue François Mitterrand
91200 ATHIS-MONS

Please forward this document directly to: appn@insurances-for-pilots.com

UPDATE MEMBERSHIP PROFILE

APPN MEMBERSHIP CODE: # _____

SURNAME: _____ FIRST NAME: _____

NEW EMPLOYER

Employer: _____

Position: _____

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: _____

With my signature I authorize APPN to apply the necessary changes to update my membership details as soon as possible!

Location/Date: _____ Signature _____