

# COA - CARE STAFF ASSOCIATION

## Membership Form

TO: Janet Pontin, COA Administrator Email: [COAStaffAssociation@care.org](mailto:COAStaffAssociation@care.org)

FROM: \_\_\_\_\_ (name)

SUBJECT: **CARE Country Office Association (COA) Membership**

I would like to enroll in the CARE Country Office Association. I understand that there is no payment required to join COA at the present time, but membership dues may be requested in future.

My CARE Employee Number is: \_\_\_\_\_

My Current Country or Head Office Posting is: \_\_\_\_\_

My position is: \_\_\_\_\_

My nationality is: \_\_\_\_\_

My gender is: \_\_\_\_\_

My email contact address is (please write clearly): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_