

### **Membership Responsibility**

- ✚ To be an ambassador for AfED and an advocate for global human rights
- ✚ To actively participate in meetings and events regularly
- ✚ To pay your annual dues on time
- ✚ To maintain professional conduct by treating fellow members with respect and courtesy

### **To Join AfED**

1. Complete this form and submit it via email to [secretariat@afedghana.org](mailto:secretariat@afedghana.org)
2. Submit two letters of recommendation from existing AfED members; individuals/organizations as referees

*To help facilitate the processing of your application in a timely manner, please ensure all documents requested above are complete and submitted with the membership application*

Once the completed application and membership dues is received, there will be an approval process. When you are accepted as a member of AfED, you will receive a membership packet. If you are not admitted as a member of AfED, your application fee (membership dues) will be reimbursed, minus a basic fee of GH 20.00 for processing the application

Please direct all enquiries to the AfED secretariat on:

Tel number: +233 302 736 714 / +233 202 862 132

Email address: [secretariat@afedghana.org](mailto:secretariat@afedghana.org)

Physical address: Plot 1

3<sup>rd</sup> Oloti Street

La Wireless, South Cantonment

Accra - Ghana

# ALLIANCE FOR EQUALITY AND DIVERSITY (AFED) MEMBERSHIP APPLICATION FORM

(Please read each question carefully and mark the appropriate box or fill the blank spaces in ENGLISH)

## APPLICANTS DETAILS

First name(s)	Last name
<input type="text"/>	<input type="text"/>

Date of birth	Place of birth
<input type="text"/>	<input type="text"/>

Nationality
<input type="text"/>

Sexual orientation	Gender identity
<input type="text"/>	<input type="text"/>
<b>Preferred pronoun</b>	<input type="text"/>

Physical/ Home address
<input type="text"/>
<input type="text"/>
<input type="text"/>

Mailing address
<input type="text"/>
<input type="text"/>
<input type="text"/>

Telephone number	Email address
<input type="text"/>	<input type="text"/>

Occupation
<input type="text"/>

Place of work
<input type="text"/>

Position in organization

How did you hear about AfED?


Why do you want to be a member of AfED?




## ANNUAL MEMBERSHIP DUES

GH 50.00

### Payment details

MOBILE MONEY

CASH

Mobile money

MTN – 055 313 3577

VODAFONE – 020 286 2132

**(AfED (space) and payee's Initials as reference)**

*(I affirm that all information submitted on this form is true and accurate)*

First name(s)

Last name

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Date

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Signature

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**OFFICIAL USE ONLY**

Application Received Date

Application statuses

Approved

Declined

AfED President / General Secretary



**Note:** Membership is activated only when dues are received and application is approved by the Executive Council. If you are not admitted as a member of AfED, your application fee (membership dues) will be reimbursed, minus a basic fee of GH 20.00 for processing the application.