

### **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 a copy of a document showing that you are a registered organization, clearly noting the date of incorporation or registration. If this is not possible, since situations vary, then you may provide one of the following:
  - a) A copy of the organization's organizing documents (articles of incorporation, constitution, and/or bylaws) or
  - b) A letter explaining why your organization is not registered, along with two letters of recommendation from existing AfED member organizations to support your case
3. The application should be authorized by the Chairman of the board or President/ Chief Executive Officer

*To help facilitate the processing of your application in a timely manner, please ensure all documents requested in 2,3 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 30.00 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) ORGANIZATION MEMBERSHIP APPLICATION FORM

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

## ORGANIZATION INFORMATION

Name of organization (Please type or print clearly)

Country where organization is registered (*if registered*)

Year founded

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Headquarters mailing address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Headquarters physical address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Telephone number

Fax

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Email address

Web address

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
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Facebook

Twitter

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Which of the following are the main source of funding for your organization

Fund-raising activities

Government subsidiaries

Voluntary contribution

Non- governmental donations

Other (please specify)

What is the scope of your organization?

Local

National

International

## ORGANIZATION'S AREA(S) OF INTEREST

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Children / Youth            | <input type="checkbox"/> Conflict resolution           | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Criminal justice            | <input type="checkbox"/> Development                   | <input type="checkbox"/> Drug control     |
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Environment                   | <input type="checkbox"/> Family           |
| <input type="checkbox"/> Health / Nutrition          | <input type="checkbox"/> HIV / AIDs                    | <input type="checkbox"/> Human rights     |
| <input type="checkbox"/> Human settlement            | <input type="checkbox"/> Humanitarian affairs          | <input type="checkbox"/> Labor            |
| <input type="checkbox"/> Law and legal affairs       | <input type="checkbox"/> Media and communications      |   |
| <input type="checkbox"/> Peace and security          | <input type="checkbox"/> Physically challenged persons |   |
| <input type="checkbox"/> Refugees                    | <input type="checkbox"/> Relief services               |   |
| <input type="checkbox"/> Religion, belief and Ethics | <input type="checkbox"/> Social development            |   |
| <input type="checkbox"/> Sustainable development     | <input type="checkbox"/> Women statuses and Issues     |   |
| <input type="checkbox"/> Other                       |  |   |

Is this a membership organization? *(if applicable)*

Yes

No

Types of members

Individual

Organization

Both

Number of members

Executive Director/President/CEO

First name(s)

Last name

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Number of permanent staff

Number of volunteering staff

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Mission statement

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

**MAIN CONTACT PERSON**

First name(s)

Last name

|  |  |
|--|--|
|  |  |
|--|--|

Position in organization

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Mailing address

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Telephone number

Email address

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## ANNUAL MEMBERSHIP DUES

GH 200.00 (organizations 5 years and above)

GH 100.00 (organizations below 5 years)

### Payment details

MOBILE MONEY

CASH

Mobile money (MOMO)

MTN – 055 313 3577

VODAFONE – 020 286 2132

**(Organization's Initials as reference)**

Name of President or Chief Executive Officer (Completing this form)

*(I am an authorized representative of this organization and I affirm that all information submitted on this form is true and accurate)*

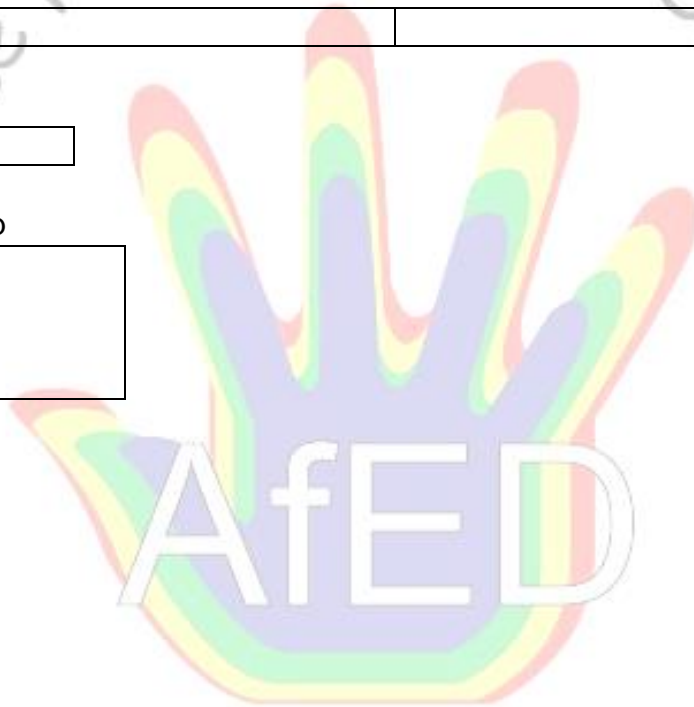
First name(s)

Last name

|  |  |
|--|--|
|  |  |
|--|--|

Date

Signature and stamp



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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 President/ General Secretary. If you are not admitted as a member of AfED, your application fee (membership dues) will be reimbursed, minus a basic fee of GH 30.00 for processing the application.