

Africa Solidarity Centre Ireland Membership Form



We / I,

hereby formally apply for a membership with the AFRICA CENTRE IRELAND.

As organisation / individual we / I agree to pay the membership fee per annum notified by the Board of Directors.

We / I acknowledge the vision of the Africa Centre Ireland and the non-discriminatory, justice and equal approach for all its members, partners, funders, and allies and will stand in respect of its constitution.

The signature of the membership form holds us / me responsible of actively advancing human rights, fair integration, social justice, economic and political participation of Africans and People of African Descent in Ireland, Europe and beyond.

Here is your membership fee payment of:

- Asylum Seeker Membership (Annual Fee : €0,00)
- Student Membership (Annual Fee : €5,00)
- Employed / Individual Membership (Annual Fee : €25,00)
- Organisation Membership (Annual Fee : €50,00)
- Corporate Membership(Annual Fee : €150,00)

Individual Member Contact Information :

First Name : Last Name :

Address :

Post Code : Phone No : E-Mail :

Corporate Membership or Organization Information :

Business Organization Name : Website / E-Mail :

Position Business : Phone Number :

Full Address : City / Province :

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Mini Biography of Representative (not more than 50 words)

Membership Payments can be sent to:

Name: Africa Solidarity Centre CLG

Address: AIB Bank-9 Terenure Road, Rathgar, Dublin 6-Ireland

BIC: AIBKIE2D

IBAN: IE50AIBK93109805836027

GDPR Consent



In cooperation with the European Union (EU) General Data Protection Regulation (GDPR) we need your consent for how we make use of your data. We will only use your data for business related to your membership of AFRICA CENTRE IRELAND. Please review each of the contact methods and customise to your preferences by ticking:

How would you like to be contacted?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> WhatsApp/ Text | <input type="checkbox"/> Home Phone |
| <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Work Phone |

Important: Please specify in case you are in process of registering your organisation

Signature Of Author