



AUFAD

African Union and Friends of Africa in Diaspora

Yes, I want to support **AUFAD** with my membership:

Name: _____

Christian Name: _____

Address: _____

Postcode/Place: _____

Country: _____

Telephone: _____

Fax: _____

eMail: _____

Profession: _____

Date of Birth:(voluntary): _____

I support **AUFAD** with a yearly contribution of 52 €

Signature: _____

Direct Debit Mandate:

I agree with collecting my contribution from my bank account(to keep office costs short), until I withdraw it:

Account: _____, Bank Code Number: _____

Bank: _____

Place/Date: _____

Signature: _____