

Application form



AFRICAN DIASPORA COUNCIL OF
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Surname, Name

Adresse

Zip

Canton

Nationality

Phone

Fax

E-Mail

Website

Profession

Organisation

How do you know ADCS?

- Application fee CHF 50.- annual due CHF 50.-

Commissions (max 2 Commissions each)

- Law + Politics Youth + Sport
- Information + Communication Women + Gender Affairs
- Health Mediation + Conflict Management
- Education, Empowerment + Capacity Building Economy, Finance + Investement
- Arts, culture + entertainment

I hereby declare that I have read, understood and accepted the constitution, the rules and procedures of ADCS. I have paid the application fee as well as my annual due (CHF 100.-). I hereby attach the proof of payment.

Place _____ Date _____ Signature _____

This form must be signed by hand.

For office use only	Date received	Membership number