

# ENPAD

THE EUROPEAN NETWORK OF PEOPLE OF AFRICAN DESCENT

## MEMBERSHIP FORM

We/I, \_\_\_\_\_

hereby formally apply for a membership with ENPAD.

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 network and the non-discriminatory, decolonial approach. The signature of the membership form holds us/me responsible of actively advancing social justice and political participation of People of African Descent in Europe and beyond.

Name and position \_\_\_\_\_

Organisation \_\_\_\_\_

Registered organisation? YES  NO

ECOSOC organisation YES  NO

Website \_\_\_\_\_

Facebook \_\_\_\_\_

Twitter \_\_\_\_\_

Instagram \_\_\_\_\_

Email \_\_\_\_\_

Contact number \_\_\_\_\_

Address

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Mini Biography of Representative  
(not more than 50 words)

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ENPAD reserves the right to exercise disciplinary measures in case of non-compliance or behaviour detrimental to the network's aspirations.

Signature

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Location, Date

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#### 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 ENPAD. Please review each of the contact methods and customise to your preferences by ticking:

Email

Yes Please

No Thanks

WhatsApp/ Text

Yes Please

No Thanks

Telephone Calls

Yes Please

No Thanks

Social Media

Yes Please

No Thanks