



AFI Membership Form



Fill in this form to become a member of
Advocacy for Inclusion (AFI).

My details



My full name is



My date of birth is



My address is



My phone number is



My email address is



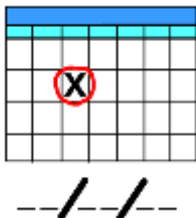
I want to become a member of **Advocacy for Inclusion (AFI)**.



I believe in the work that AFI does.



My signature



Today's date
