



# The Ethiopian World Federation, Incorporated

## MEMBERSHIP APPLICATION FORM

FULL NAME (Birth certificate/dipole) \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

ZIP/POST CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER - FEMALE

MALE

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

FULL-TIME EDUCATION \_\_\_\_\_

SKILLS Can you lend a hand? Please indicate how you would like to become involved

Recruitment

Children/Youth

Organize a Fundraiser

Education

Communications & Media

Science & Technology

Healthcare & Nutrition

Music

Law & Legal issues

Ageing

Conflict Resolution

Women's Status & issues

Economics

Trade/Logistics

Peace & Security

OTHER \_\_\_\_\_

**NOTE:** Acceptance of Membership is entirely at the discretion of The Ethiopian World Federation, Incorporated

I agree to do all that I can to carry out the Aims and Objects of the Ethiopian World Federation, Inc., and abide by its Constitution and By-Laws

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Proposed by \_\_\_\_\_

Date \_\_\_\_\_

Date approved \_\_\_\_\_

Officer name & title \_\_\_\_\_

Membership Number

Joining Fee Paid

Yes

No