



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