



The Ethiopian World Federation, Incorporated

MEMBERSHIP RE-REGISTRATION FORM

FULL NAME (Birth certificate/dipole)

FULL ADDRESS

_____ ZIP/POST CODE _____

DATE OF BIRTH

GENDER - FEMALE

MALE

TELEPHONE

EMAIL

LANGUAGES SPOKEN

OCCUPATION/BUSINESS

EDUCATION

Previous Activities / Work

Joining date

Local name and number

Previous duties and committees

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

Print Name

Signature

Date

OFFICE USE ONLY

Proposed by

Date

Date approved

Officer name & title

Membership Number

Joining Fee Paid

Yes

No

NOTE: Acceptance of Re-Application is entirely at the discretion of The Ethiopian World Federation, Incorporated