



ማሕበር ኮሚዩኒቲ ትግራይ

ዋሽንግተን ዲ.ሲ.ን ከባቢኤን
Tigray Community Association
DC Metropolitan Area

ቅጥረ መመዘገቢ አባልነት Membership Form

ስም/ Name: _____ ስም ብዓል/ቲ/ Spouse Name: _____

ሙያ/ስራ/ስ/ Profession: _____ ሙያ/ስራ/ስ/ Profession: _____

አድራሻ /Address: _____

ከተማ /City: _____ State: _____ Zip: _____

ቁጽል ስልክ/phone: _____ / _____

ኢሜል /E-mail: _____ / _____

ክፍሊት መመዘገቢ አባልነት /Membership Registration Fee: _____ / _____

ወርሐዊ/ ሽድሽተ አዋርስ/ ዓመታዊ ክፍሊት/ Monthly/ Six months/ Annual Payment: _____
/ _____

ሐገዝ /Donation: _____ / _____

ብቼክ ንዝክፈል / Make checks payable to: Tigrean Community Washington DC

አነ/ንሕና _____ / _____ አብ ላዕሊ.

ዝተገለፀ አድራሻ ነባራይ/ነበርቲ ዝኾንኩ/ና ትግራይ/ዋይ/ተጋሩ፤ ንሕገ ደንቢ ማሕበር ኮሚዩኒቲ ትግራይ ዋሽንግተን ዲ.ሲ.ን ከባቢኤን አንቢቢ/ብና ተቐቢሊ/ቢልና፤ ብመሰረት እዚ ሕገ ደንቢ እዚ እውን መሰል አባልነት/ትና ተሓልፎ/ልና፤ አነ/ንሕና እውን ግቡአይ/እና ሙሉእ ብሙሉእ ከተግብር/ክነተግብር ቃል ብምእታው፤ ብድልዎተይ/ትና አባል ማሕበር ኮሚዩኒቲ ተጋሩ ንክኸውን/ንክኸውን ብፊርማይ/ና አረጋጊፀ/ፅና አመልክት/ነመልክት።

I/ We _____ / _____ residing at the above mentioned address; after reading and accepting the Tigray Community Association Bylaw; agree to abide by the community's Bylaw and Rules and Regulations, and willingly consent and signed to this Tigray Community Association membership application.

አመልካቲ/ Applicant

ፊርማ /Signature: _____ ዕለት/Date: _____

አመልካቲ ብዓል/ገዛ/ Applicant Spouse

ፊርማ /Signature: _____ ዕለት/Date: _____

አባመንበር ቦርድ / Board Chairman

ፊርማ /Signature: _____ ዕለት/Date: _____

ዋና ፀሓፊ ቦርድ / Board Secretary

ፊርማ /Signature: _____ ዕለት/Date: _____