



ማሕበረሰብ ትግራይ ዋሽንግተን ዲሲን ከባቢ ኣን  
 Tigray Community Association Washington DC Metropolitan Area  
 Email: [TigrayCommunityAssocWDA@gmail.com](mailto:TigrayCommunityAssocWDA@gmail.com) Phone: 202-500-0767

**ቅጥራ ኣባልነት  
 Membership Form**

ስም: \_\_\_\_\_ ስም ኣቦ: \_\_\_\_\_ ስም ኣቦሓጎ: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

መምበሪ ኣድራሻ \_\_\_\_\_ ቁጽሪ ገዛ \_\_\_\_\_  
 Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 ከተማ /City \_\_\_\_\_ ክልል /State \_\_\_\_\_ ዚፕ ኮድ / Zip Code: \_\_\_\_\_  
 ሞባይል ስልኪ / Cell Phone: \_\_\_\_\_ ኢሜይል /Email \_\_\_\_\_

**ስም በዓል/ቲ ቤት/ Spouse Full Name**

ስም: \_\_\_\_\_ ስም ኣቦ: \_\_\_\_\_ ስም ኣቦሓጎ: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 ሞባይል ስልኪ/Cell Phone: \_\_\_\_\_ ኢሜይል/Email: \_\_\_\_\_

**ኣብ ሕልፈት ሂወት ኣባል እንተገጥም ዝስዕብ ሰብ ወኪላ ኣለኹ። Designation of Beneficiary**

ስም: \_\_\_\_\_ ስም ኣቦ: \_\_\_\_\_ ስም ኣቦሓጎ: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 መምበሪ ኣድራሻ / Home Address \_\_\_\_\_ ቁጽሪ ገዛ /Apt. No. \_\_\_\_\_  
 ከተማ /City: \_\_\_\_\_ ክልል/State: \_\_\_\_\_ ዚፕ ኮድ / Zip Code: \_\_\_\_\_  
 ሞባይል ስልኪ/Cell Phone: \_\_\_\_\_ ኢሜይል/Email: \_\_\_\_\_

ኣነ ሙሉእ ስመይን ኣድራሻይን ኣብ ላዕሊ ተፀራርቶ ዘሎ ብፍቓደይን ብድሌተይን ኣባል ማሕበረሰብ ትግራይ ዋሽንግተን ዲሲን ከይነ፤ ሕገ-ደንቢ ናይቲ ማሕበር ብምኽባር ብምኽታል ከም ኣባል መሰለይን ግቡኣይን ንክፍፀም ብኽታመይ ይረጋግፅ።

I, hereby, affirm that I have willfully joined Tigrayan Community Association of Washington, D.C., Metropolitan Area and swear to abide by its bylaw with respect to my rights and responsibilities during my membership.

ስም ኣባል \_\_\_\_\_ ክታም \_\_\_\_\_ ዕለት: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

ስም በዓል/ቲ ቤት \_\_\_\_\_ ክታም \_\_\_\_\_ ዕለት: \_\_\_\_\_  
 Name of Spouse: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Chairman: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Board Secretary: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_