



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

**ቅጥዒ 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 ተፀራሒ ዘሎ ብፍቓደይን ብድሌተይን ኣባል ማሕበረሰብ ትግራይ ዋሽንግተን ዲሲን ኮይን፤ ሕገ-ደንቢ ናይቲ ማሕበር ብምኽባር ብምኽታል ከም ኣባል መሰለይን ግቡኣይን ንክፍፅም 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: _____

እዚ ቅጥዒ ኣባልነት ዕለዊ ዝኾነውን ፣ ኣመልካቲ ኣባል ብኣካል ቀሪቡ ፣ ብፊርማ ኣረጋጊጹ ንኣመራርሓ እቲ ማሕበር ምስ ዝህብ ይኸውን።