



174 - 2242 Kingsway  
Vancouver, BC V5N 5X6  
[www.vancouverethiopia.com](http://www.vancouverethiopia.com)  
[info@vancouverethiopia.com](mailto:info@vancouverethiopia.com)

**የኢትዮጵያውያን ማኅበር የአባልነት መመዝገቢያ ቅጽ**

**ECA Membership Registration Form**

በቅድሚያ በአባልነት በመመዝገብ ማኅበርዎን ለመደገፍ ስለተዘጋጁ ልናመሰግንዎት እንወዳለን። ጥያቄ ካለዎት በተጠቀሰው ኢሜይል ይላኩልን።

Thank you for becoming ECA member. If you have any question please contact our Membership Coordinator at: [info@vancouverethiopia.com](mailto:info@vancouverethiopia.com)

**\* አስፈላጊ Required**

ስም First Name\*

የአባት ስም Last Name\*

ኢሜይል Email\*

አድራሻ Address\*

የቤት ስልክ Home phone number\*

የሌላ ስልክ Mobile phone number \*

ጾታ Gender\* Male  Female

የዕድሜ ክልል Age group\*

- Under 18
- 18 -25
- 26-35
- 36-45
- 46-55
- 56-65
- 65 and up



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*በአደጋ ጊዜ ተጠሪ* Emergency Contacts:

Name:

Phone:

*የኢትዮጵያውያን ማኅበር ለመሆን እፈልጋለሁ፤ መተዳደሪያ ደቡብም አንብቤ ተርድቴ እንደማንኛውም አባል ግዴታዬን ለመወጣት እስማማለሁ። ማኅበሩ በዚህ ቅጽ ውስጥ የሰጠሁትን የግል መረጃ ለእኔም ሆነ ለማንበረሰቡ ተገቢውን አገልግሎት ከመስጠት አኳያ እና ለአውደ ጥናት እንዲጠቀምበት ፈቃድ ሰጥቻለሁ።*

I have read the Association's constitution. I will duly abide by the duties and responsibilities required of me as a registered member. I hereby authorize the Ethiopian Association to use the personal information I provided here in its services to only me and/or members of the ECA in social services and research.

ፈርማ Signature

ቀን Date

