



# የኢትዮጵያውያን ማህበር በቶሮንቶና አካባቢው

## Ethiopian Association in the GTA & Surrounding Regions

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### የአባልነት ማመልከቻና መመዝገቢያ ቅጽ

#### MEMBERSHIP APPLICATION AND REGISTRATION FORM

1. ሙሉ ስም / Full Name: \_\_\_\_\_

ጾታ / Gender:  ሴት/ Female  ወንድ / Male

የእድሜ ክልል/ Age Group: 15-24  25-35  36-45  46-55  Over 55

2. የባለቤት ስም / Spouse's Name (ቤተተሰብ ለመመዝገብ / Family Membership)

\_\_\_\_\_

3. የልጆች ብዛት/ No. of Children \_\_\_\_\_ Age Group: 0-3  4-6  7-14  Over 15

4. ሙሉ አድራሻ/ Full Address: \_\_\_\_\_

የመንገድ ቁጥር/ስምና የቤት ቁጥር / Street No, Name & Apt#

ከተማ/City: \_\_\_\_\_ የፓስታ መለያ/Postal Code: \_\_\_\_\_

የቤት ስልክ ቁጥር/Home Tel: \_\_\_\_\_ የስራ ስልክ/ Work Tel. \_\_\_\_\_

ኢሜል/Email: \_\_\_\_\_

5. የትዳር ሁኔታ/ Marital Status:  ሌላ/Single  ያገባች-Married  ሌላ/Other

6. ካናዳ የገቡበት ጊዜ/ Date of Arrival in Canada: ቀን/ወር/ዓ.ም/ | D/M/Y \_\_\_\_\_

በካናዳ ያለዎት ሁኔታ/Status in Canada:  ዜጋ/ Citizen  ጸረ/ Landed

ስደተኛ/Refugee Claimant:  ሌላ/ Other:

7. ስራዎ/ Occupation: \_\_\_\_\_

8. የትምህርት ደረጃ/Education Level:

2ኛ ደረጃ/High School

2ኛ ደረጃ/Completed High School

ኮሌጅ/ College

የኒቨርስቲ/ University

አይነቱ/Type: \_\_\_\_\_

አይነቱ/Type: \_\_\_\_\_

ሌላ/Other: \_\_\_\_\_

ይግለጹልን/State: \_\_\_\_\_

9. የሙያ ስልጠናና ችሎታ/ Professional Qualifications/Skills: \_\_\_\_\_

10. ባስቸኳይ ጊዜ ተጠሪና አድርሻ/ Emergency Contact: ስም/Name: \_\_\_\_\_

ስልክ/Tel: \_\_\_\_\_

ድራሻ/Address: \_\_\_\_\_

11. የኢትዮጵያውያን ማህበር መሆን እፈልጋለሁ። መተዳደሪያ ደንቡንም አንብቤ ተረድቼው እንደማንኛውም አባል ግዴታዬን ለመወጣት እስማማለሁ። I have read the Association's abide by the duties and responsibilities required of me as a registered member.

12. ዓመታዊ የባልነት ክፍያ መጠን/ Yearly Membership Fee: \$60 (Sixty CAD)

አሁን ከተከፈለ/ If you paying now-በጥሬ ገንዘብ/Cash  በቼክ/Cheque

የደረሰኝ ቁጥር/ Receipt No: \_\_\_\_\_

የተቀባይ ስም/ Received by: \_\_\_\_\_

13. የኢትዮጵያውያን ማህበር በቶሮንቶና አካባቢው በዚህ ቅጽ ውስጥ የሰጠሁትን የግል መረጃ ለእኔም ሆነ ለማህበረሰቡ አባላት ተገቢውን አገልግሎት ከመስጠት አኳያ ወይም ለአውጽ-ጥናት አስፈላጊ ሆኖ ካገኘው እንዲጠቀምበት ፍቃጽ ሰጥቻለሁ። I hereby authorize the Ethiopian Association in the GTA & Surrounding Regions to use the personal information I provided herein, if it finds it necessary to do so, in its services to me and/or members of the community and/or in social research.

ፊርማ/Signature: \_\_\_\_\_

ቀን /Date: \_\_\_\_\_

ይህ ማመልከቻ የማህበራችን መተዳደሪያ ደንብ ንዑስ አንቀጠ 13.2 በሚያዘው መሠረት የሚጸድቀው በማህበሩ የዳይሬክተሮች ቦርድ ነው። ማመልከቻው በቦርዱ ተቀባይነት ካላገኘም ምክንያቶቹ በድብዳቤ ተግልጸው የተከፈለው ገንዘብ ይመለሳል። የቦርዱንም ውሳኔ የማይቀበሉ ከሆነ ይግባኝዎን ለአጠቃላይ ጉባዔው በደብዳቤ ማቅረብ መብትዎ ነው።

This application is subject to approval by the Board of Directors of the Association as required by Section 13.2 of the Constitution. In the event membership is declined the Board will provide its reasons and this will be communicated to you in writing along with the refund of the membership fee paid. You have the right to appeal the Boards decision to the General Assembly.