



Ethiopian Community in Seattle (ECS)

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Membership Registration Form

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- New Member (Membership #) _____
- Renewal (Membership #) _____
- Donation

<http://ecseattle.org>

First Name: _____ Middle Name _____

Last Name: _____ Gender: M/F Birth Year: _____
Year Only: E.C. (19__)

የአባል መ-ሉ ስም _____

Street Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail _____

Marital Status: Married Single *(use the reverse side to add more family members)*
(የሚጨምሩት በተሰጠው ካለዎት፣ መ-ሉ ስማቸውን ከዚህ ቅጽ በስተጀርባ ይጻፉ)

If married: Spouse First Name: _____ Middle Name _____

Last Name: _____ Gender: M/F Birth Year: _____
Year Only: E.C. (19__)

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Signature: _____ Date: _____

Membership fee: የአባልነት ክፍያ **(Please choose one)** እባክዎ አንዱን የአካፋሪ ምርጫ ይምረጡ

12 Months: **\$120.00** 6 Months: **\$60.00** 3 Months: **\$30.00** Donations \$ _____

Starting Date: _____, Ending Date: _____

Cash

Check, please make checks payable to: **Ethiopian Community in Seattle**

Credit card: Card type: **Visa** **Master card**

Account number: _____

Expiration Date: _____

MATCHING CONTRIBUTIONS

Does your employer match donations? **YES / NO**

If yes, please enclose a signed Matching Donation form from your employer.

Volunteers: We need your help! If you are interested please contact our office.

8323 Rainier Ave South <http://ecseattle.org> Phone: (206) 325-0304
 Seattle WA 98118 E-mail: info@ecseattle.org Fax: (206) 325-5506

THANK YOU! ECS is a non-profit organization. Donations may be tax deductible under IRS Section 501(c)3 Form # 140921