



የኢትዮጵያ ማህበረሰብ ማዕከል በላስ ቬጋስ ኔቫዳ
Ethiopian Community Center Of Las Vegas Nevada
 4270 Cameron St Suit 6A Las Vegas Nevada 89103

ethiopianinlasvegas@gmail.com

WWW.ECCNV.org

(702)982-2667

- NEW MEMBER
- RE-REGISTER
- MEMBER ID COPY

1. MEMBER FULL NAME _____

GENDER: MALE FEMALE *Your Name* *Father Name* *Last Name*

CITIZENSHIP STATUS: USA ETHIOPIAN DATE OF BIRTH ____/____/____
የአጅ ስልኮች *ኢ.ሜ.ል*

CELL PHONE _____ E-MAIL _____

2. MARITAL STATUS: MARRIED SINGLE WIDOW/ER

SPOUSE'S FULL NAME _____

3. ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

4. CHILDREN'S NAME (BENEFICIARIES)

- 4.1 _____ DATE OF BIRTH ____/____/____
- 4.2 _____ DATE OF BIRTH ____/____/____
- 4.3 _____ DATE OF BIRTH ____/____/____
- 4.4 _____ DATE OF BIRTH ____/____/____
- 4.5 _____ DATE OF BIRTH ____/____/____

5. EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE # _____ E-MAIL _____

የአባል ፊርማ *ቀን*

6. SIGNATURE _____ DATE _____

የአጣራው የቦርድ አባል _____ ፊርማ _____

ማሳሰቢያ

- * አዲስ አባል የአደጋ ጊዜ ክፍያን ሊያገኝ የሚችለው ከተመዘገበ ከ 6 ወር በኋላ ነው ።
- * አዲስ ተመዝጋቢ አባል ከአመታዊ የአባልነት ክፍያ በተጨማሪ የመመዘገቢያ \$100 ዶላር ይከፍላል።

የወገኔ የችግሩ መልስ እኔ ነኝ!
 I am the answer for my Community's problems!!!