



# MEMBER REGISTRATION

## ወሎ ኢትዮጵያ መረዳጃ ማህበር የአባልነት መመዝገቢያ ቅፅ

ስም (FIRST NAME) \_\_\_\_\_

የአባት ስም (LAST NAME) \_\_\_\_\_

ኢሜይል (EMAIL) \_\_\_\_\_

ስልክ ቁጥር (PHONE NUMBER) \_\_\_\_\_

አድራሻ (ADDRESS): STREET, CITY, STATE, ZIP  
\_\_\_\_\_

የአባልነት ወርሃዊ መዋጮ (CONTRIBUTION)

\$10 MONTHLY

\$120 YEARLY

OTHER \_\_\_\_\_

ቀን (DATE) \_\_\_\_\_

ፊርማ (SIGNATURE) \_\_\_\_\_

**JOIN THE WOLLO RELIEF  
ORGANIZATION**

[HTTPS://WOLLOETHIOPIAN.ORG/MEMBERSHIP/](https://wolloethiopian.org/membership/)

**ZELLE:** [CONTACT@WOLLOETHIOPIAN.ORG](mailto:CONTACT@WOLLOETHIOPIAN.ORG)