

( ) New Member  
( ) Old Member

የአባልነት ቁጥር \_\_\_\_\_  
Membership Number



**ዛሬ ለወገኔ ነገ ለእኔ የመረዳጃ ማህበር የአባልነትና የውክልና ቅጽ**  
**Zare Lewegene Nege Le'ene**

ቀን \_\_\_\_\_  
Date

የአመልካች ሙሉ ስም \_\_\_\_\_  
Member's Full Name

የአመልካች ሙሉ አድራሻ \_\_\_\_\_  
Member Full Address

የቤት ስልክ ቁጥር \_\_\_\_\_ የእጅ ስልክ ቁጥር \_\_\_\_\_ ኢ.ሜል \_\_\_\_\_  
Home Phone Cell Phone Email

የቀዳማዊ ተወካይ ሙሉ ስም \_\_\_\_\_  
Power of Attorney's Full Name

የቀዳማዊ ተወካይ አድራሻ \_\_\_\_\_  
Power of Attorney's Address

የቤት ስልክ ቁጥር \_\_\_\_\_ የእጅ ስልክ ቁጥር \_\_\_\_\_  
Home Phone Cell Phone

የዳግማዊ ተወካይ ሙሉ ስም \_\_\_\_\_  
Alternate Power of Attorney's Full Name

የዳግማዊ ተወካይ አድራሻ \_\_\_\_\_  
Alternate Power of Attorney's Address

የቤት ስልክ ቁጥር \_\_\_\_\_ የእጅ ስልክ ቁጥር \_\_\_\_\_  
Home Phone Cell Phone

የአባል ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_  
Member's Signature Date

**ይህ ቅጽ ሕጋዊ የሚሆነው በኖተሪ ፓብሊክ ሲጸድቅ ብቻ ነው**  
**This form will be valid only when it is notarized by a notary public.**

Commonwealth of Massachusetts County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were **current ( ) MASS. Driving license ( ) MASS. ID CARD**, # \_\_\_\_\_ to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

\_\_\_\_\_  
Notary Public Signature