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Zare Lewegene Nege Le'ene

Change of Name/Address Form - Active members

To: Aarelewegene
PO Box 230131
Boston, MA 02123

ቀን _____
Date

FROM _____ (Name of Member)

RE: Change of Name and/ or Address and/or Phone number change request

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Please update my membership Change of name and /or Address change as follows

Membership Number _____

Member Name
Old Name _____

New Name _____

New Address _____
(Street number and Name)

(City) (State) (Zip)

New phone number () _____
{Area code} (number)

የአባል ፊርማ _____
Member's Signature

ቀን _____
Date