

በካልጋሪ የኢትዮጵያ ማህበረሰብ ማህበር የአባልነት መመዝገቢያ ቅጽ
CALGARY ETHIOPIAN COMMUNITY ASSOCIATION
MEMBERSHIP REGISTRATION FORM

ሙሉ ስም _____
 Full Name

የመላኪያ አድራሻ _____
 Mailing Address
 ከተማ City _____ ፖስታ ሳጥን ቁጥር Postal Code _____

የስልክ ቁጥር _____
 Phone Number

| | | |
|---|--|---|
| ጾታ / Sex <input type="checkbox"/> ወንድ / Male <input type="checkbox"/> ሴት / Female | የጋብቻ ሁኔታ Martial Status <input type="checkbox"/> ያላገባ / Single <input type="checkbox"/> ያገባ / Married | Age / እድሜ <input type="checkbox"/> 18-34 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50-65 |
|---|--|---|

| | | |
|---|---|--|
| የልጆች ብዛት Number of _____ Children | የልጆች እድሜ / Age of Children <input type="checkbox"/> 0 - 5 <input type="checkbox"/> 6 - 12 <input type="checkbox"/> 13 - 18 | ካልጋሪ የመጡበት ዘመን Year arrived in Calgary _____ |
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|--------------------------|-------------|
| የተሰማሩበት ሙያ OCCUPATION | Email _____ |
|--------------------------|-------------|

በሚከተሉት የበጎአድራጎት እና/ወይም ንዑሳን ኮሚቴዎች ውስጥ ለመሳተፍ ፈቃደኛ ነኝ
I WOULD LIKE TO PARTICIPATE IN THE FOLLOWING VOLUNTEERING AREAS/SUB-COMMITTEES

| | |
|---|--|
| የስፖርት / Sport <input type="checkbox"/> የወጣቶች እግር ኳስ / Adult Soccer <input type="checkbox"/> የልጆች እግር ኳስ / Kids Soccer <input type="checkbox"/> የተለየ ካለ _____ Other | ማህበራዊ ጉዳዮች / Social Events <input type="checkbox"/> የሴቶች / Women <input type="checkbox"/> የወጣቶች / Youth <input type="checkbox"/> የልጆች / Kids <input type="checkbox"/> ቋንቋ ማስተማር / Language Course <input type="checkbox"/> ህበረት መጽሔት / Hibret Magazine |
| እርዳታ ማሰባሰብ / Fundraising ካዚኖ / Casino | |

| | |
|--------------------------------|---|
| ማን መራዎት / Referred by _____ | አመታዊ የአባልነት ክፍያ / Annual Membership Fee <input type="checkbox"/> ተከፍሏል / Paid <input type="checkbox"/> አልተከፈለም / Not Paid |
|--------------------------------|---|

Signature / ፊርማ _____ Date / _____

Email: ceca@calethcom.ca - Tel: (403) 262-7260
Website: calgaryethiopiancommunity.ca
Mailing Address: 1420 40 Ave NE Unit 14, Calgary, AB T2E 6L1

