



ETHIOPIANS ASSOCIATION IN SOUTH AFRICA

የኢትዮጵያውያን ማህበር በደቡብ አፍሪካ

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PHOTO

የአባላት መመዘገቢያ ቅጽ 01

MEMBERSHIP APPLICATION FORM

Form No _____

ቁጥር _____

የግል መረጃ

Personal Information

ሙሉ ስም / FULL NAME	
የአያት ስም / LAS NAME	
አድራሻ / ADDRESS	
ሃገር / Country	
ከተማ / CITY	
ስልክ / Cell	ዋትስ አፕ / Whats Up No
የመታወቂያ ቁጥር / ID Number	
ኢሜል / E-mail	
የጋብቻ ሁኔታ / Marriage State	<input type="checkbox"/> <input type="checkbox"/>
የእናት ስም / Mothers Name	
የአባት ስም / Father Name	
የትውልድ ቀን / Date of Birth	
የትልድ ቦታ / Place of Birth	
ጾታ / Gender	
ዜግነት / Nationality	
ሥራ / Occupation	
የንግድ ስም / Business Name	
የንግድ አድራሻ / Business Address	
የንግድ አድራሻ ስልክ ቁጥር / Business Contact Number	
የስራ ክፍል / Possition	
አመታዊ የአባልነት ክፍያ / yearly membership payment	

ቋንቋ / Language Information

ቋንቋ / Mother tongue
ሌላ ቋንቋ / Language1

የአባላት መመዝገቢያ ቅጽ 02

MEMBERSHIP APPLICATION FORM

ደቡብ አፍሪካ ያሉበት ሁኔታ / status in south africa

ዜጋ (ዜግነት ያገኘ) / Citizen and citizenship		
ቋሚ የመኖሪያ ፈቃድ / ዜግነት የሌለው / Permanent resident non-citizens		
ተቀባይነትን ያገኘ ስደተኛ / Refugee states		
ውሳኔ የሚጠብቅ ስደተኛ / Asylum seeker		

ተጨማሪ መረጃ / Other information

የባለቤት ስም /
የልጆች ስም ዝርዝር /
1 =
2 =
3 =

የመኖሪያ ክልል / Province

GAUTENG	City of Tshwane <input type="checkbox"/>	Ekurhuleni <input type="checkbox"/>	City of Johannesburg <input type="checkbox"/>	Sedibeng Midvaal <input type="checkbox"/>	West Rang <input type="checkbox"/>
Limpopo	Capricorn <input type="checkbox"/>	Mopani <input type="checkbox"/>	Sekhukhune <input type="checkbox"/>	Vhembe <input type="checkbox"/>	Waterberg <input type="checkbox"/>
Free State	Bushbuckridge <input type="checkbox"/>	Nkomazi <input type="checkbox"/>	Thaba chwev <input type="checkbox"/>	Dipaleseng <input type="checkbox"/>	
KwaZulu Natal	Amajuba <input type="checkbox"/>	uMzinyathi <input type="checkbox"/>	uThukela <input type="checkbox"/>	Big 5 Hlabisa Municipality <input type="checkbox"/>	
North West	Ditsobotla <input type="checkbox"/>	Kgetlengrivier <input type="checkbox"/>	Moretele <input type="checkbox"/>	Moses Kotane <input type="checkbox"/>	
Free State	Fezile dabi district municipality <input type="checkbox"/>	Lejweleputswa <input type="checkbox"/>	Mangaung metropolitan municipality <input type="checkbox"/>	Thabo Mofutsanyana <input type="checkbox"/>	
Eastern cape	Emalahleni <input type="checkbox"/>	Joe Gqabi District <input type="checkbox"/>	Alfred Nzo <input type="checkbox"/>	Blue Crane Route <input type="checkbox"/>	
Northern Cape	John Taolo Gaetsewe <input type="checkbox"/>	Pixley ka Seme <input type="checkbox"/>	Frances Baard <input type="checkbox"/>	Namakwa district <input type="checkbox"/>	
Western Cape	Cape Winelands <input type="checkbox"/>	Overberg <input type="checkbox"/>	City of Cape Town <input type="checkbox"/>	Central Karoo District <input type="checkbox"/>	

የአባት የጽዳታ ማህበር አባል መሆን እንደምፈልግና መተዳደሪያ ደንቡንም አንብቤ ተረድቻለሁ :: እንደማንኛውም አባል የሚጠበቅብኝን ግዴታ እና ሃላፊነት ለመወጣት መስማማቴን በፊርማዬ አረጋግጣለሁ ::
 I understand that I want to be a member of the Ethiopian Association and have read and understand the constitution. I confirm with my signature that I agree to fulfil the duties and responsibilities expected of me as any member.

 የአቀማመጥ ስምና ፊርማ
 Chairman's name and signature

 የፀሃፊው ስምና ፊርማ
 Secretary's name and signature

 የአባል ፊርማ
 Member's signature

Please return the completed application form for the person who brings to you .