



በታላቋ አስተን የኢትዮጵያውያን መረዳጃ ማህበር
Greater Austin Ethiopian Community Organization
 P.O.Box 14203, Austin, TX. 78761-4203

የአባልነት መመዝገቢያ ቅጽ / Membership Registration Form

የእድር መመዝገቢያ / Registration Fee
 ግለሰብ / Individual ወይም እንግዳ / Member Guest = \$50
 ቤተሰብ / Family = \$100 (ልጆችን ያካትታል)
 እድሩ የሚከፍለው / Payment at Death = \$10,000

የአባልነት መጠን <i>Membership Type</i>	ግለሰብ / እንግዳ <i>Individual / Guest</i> <input type="radio"/>	ቤተሰብ <i>Family</i> <input type="radio"/>
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የአባል መጠራት ስም / Full Name	አድራሻ / Address
_____	_____
_____	_____
ኢሜል / Email	City State Zip ስልክ / Mobile Phone
1. _____	1. _____
2. _____	2. _____

የቤተሰብ ስም ዝርዝር / Immediate Family Members

መጠራት ስም / Full Name	ጾታ / Gender	የትውልድ ቀን/Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

ወክልና ተቀባይ /Executor: I the above named member appoint _____
_____ as an independent executor without bond upon my death.

Executor Address: _____

Executor Email / Phone: _____ / _____

ወክልና ሰጪ / Signature of Testator: _____ **Date** _____

የማህበሩ ወኪል/GAECO Representative: _____ **Date** _____

Note: 1. All names should match government issued Id.
 2. Children age 23 & under are included under the Family Membership