

Designated Beneficiaries: ዝርዝር ዝተረጅሑ ወረከቲ

Primary Beneficiary 1ይ ወራሲ	Name/ስም	Cell Phone / ሞባይል	Home Phone/ናይ ገዛ ቁ. ስልኪ	E-Mail/ ኢሜይል	
	Street/ጎደና	City/ከተማ		State/ግዝአት	ZIP/ፖ.ሰ.ቁ
Secondary Beneficiary 2ይ ወራሲ	Name/ስም	Cell phone / ሞባይል	Home Phone/ ናይ ገዛ ቁ.ስልኪ	E-Mail / ኢሜይል	
	Street/ጎደና	City/ከተማ		State/ግዝአት	ZIP/ፖ.ሰ.ቁ

.....
FOR OFFICIAL USE ONLY/ንወግዓዊ አገልግሎት ጥራሕ ዝውዕል

I (we), the applicant(s) listed above, hereby confirm my (our) volunteer membership in _____. I (we) further confirm that I (we) have read and fully understand the Bylaws and agree to abide by all the rules and regulations detailed therein, with no exception.

አነ (ንሕና) ስመይ (አስማትና) አብላዕሊ ተዘርዚሩ ዘሎ ውልቀሰብ(ሰባት), ብድሌተይ(ብድሌትና) ብዘይ ዝኾነ ጸቕጢ ኣብ ማሕበር ኣባልነት ከምዝሓተትኩ(ከምዝሓተትናን) ዮ(ነ)ረጋግጽ። ብተወሳኺ መመሓዳሪ ደምቢ (ቅዋም) ናይዚ ማሕበር ከምዘንበብኩዎን(ከምዘንበብናዮን)፡ ብዑምቀት ከምዝተረዳእናዮን እንዳሓበርና፡ ንኹሉ ተዘርዚሩ ዘሎ መምርሕታቱን ሕጋዊታቱን ተቐቢለ(ተቐቢልና) ብኡኡ ከምዝቐየድ(ከምእንቐየድ) ብፌርማይ(ና) ነረጋግጽ።

Applicant (1) Name _____ Signature _____ Date _____
 (አመልካቲ) (ስም) (ፊርማ) (ዕለት)

Applicant (2) Name _____ Signature _____ Date _____
 (አመልካቲ) (ስም) (ፊርማ) (ዕለት)

Information or Suggestions/ተወሳኺ ሓበሬታ:

