

**ERITREAN DEBES ORGANIZATION SEATTLE WA**

**P. O. BOX 94251**

**SEATTLE, WA 98124-6551. [www.eritreandebes.org](http://www.eritreandebes.org)**



**Membership registration Form**

Registrant Full Name \_\_\_\_\_

Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Driver License \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ / \_\_\_\_\_

Mobile ( ) \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Donation Fee \_\_\_\_\_ check # \_\_\_\_\_ Cash \_\_\_\_\_ Deposit \_\_\_\_\_ Zelle \_\_\_\_\_

Receipt # \_\_\_\_\_

**DESIGNATED BENEFICIARIES**

**Beneficiary Full Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ / \_\_\_\_\_ Mobile \_\_\_\_\_

**Secondary Beneficiary Full Name** \_\_\_\_\_

Home

Address \_\_\_\_\_

E-mail \_\_\_\_\_

I the applicant listed above, hereby confirm my volunteer membership in Debes I further confirm that I have read and fully understand the bylaws and agree to abide by all the rules and regulations detailed therein, with no exception.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

አነ ስመይ አብ ላዕሊ ተዘርዚሩ ዘሎ ዉልቀሰብ ብድሌተይ ብዘይ ዝኾነ ጸቕጢ አብ ማሕበር ደበስ አባልነት ከም  
ዝሓተትኩ ዩረጋግጽ፣ ብተወሳኺ ሕጊ ማሕበር ደንቢ ናይዚ ማሕበር ከምዘንበብኩዎን ፣ ብዕምቆት ከም  
ዝተረዳእኩዎን እንዳፈለጥኩ ንኹሉ ተዘርዚሩ ዘሎ መምርሒታትን ፣ ሕግታትን ተቀቢሎ ብኡኡ ከም ዝቅየድ  
ብፌርማይ ዩረጋግጽ ።

አመልካቲ ሙሉእ ስም \_\_\_\_\_

ፊርማ \_\_\_\_\_

ዕለት \_\_\_\_\_

