



ERITREAN DEBES ORGANIZATION SEATTLE WASHINGTON

P. O. BOX 94251 SEATTLE, WA 98124-6551.

www.eritreandebes.org eritreandebes@gmail.com 206-294-2447

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 _____ Zell _____ Receipt # _____

DESIGNATED BENEFICIARIES

Primary 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.

አን ስመይ አብ ላዕሊ ተዘርዚሩ ዘሎ ውልቀሰብ ፡ ብድሌተይ ብዘይ ዝኾነ ጸቅጢ አብ ማሕበር ደበስ ኣባልነት ከም ዝተተትኩ ኣረጋግጽ፤ ብተወሳኺ ዓንድ-ሕገ ናይዚ ማሕበር ደበስዚ ከምዘንበብኩዎን ፣ ብዕምቆት ከም ዝተረዳእኩዎን እንዳኣፍለጥኩ ንኹሉ ተዘርዚሩ ዘሎ መምርሒታትን ሕግታትን ተቀቢሎ ብእኡ ከም ዝቅየድ ብክታመይ ኣረጋግጽ ።

Applicant Name/አምልካቲ ምሉእ ስም: _____

Signature/ክታም _____ Date/ዕለት _____

A copy of ID card is required. ቅዳሕ ናይ መንነት ካርድ የድሊ።

