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WASTENA MUTUAL SUPPORT ASSOCIATION REGISTRATION FORM

PLEASE PRINT CLEARLY

PHOTO

FIRST NAME MIDDLE NAME FAMILY NAME

DATE OF BIRTH Month _____ Date _____ Year _____

ADDRESS CITY PROVINCE

POSTAL CODE MOBILE NUMBER

E-MAIL

BENEFICIARIES

1. _____
FIRST NAME MIDDLE NAME FAMILY NAME

MOBILE PHONE E-MAIL

2. _____
FIRST NAME MIDDLE NAME LAST NAME

MOBILE PHONE E-MAIL

APPLICANT'S SIGNATURE DATE

=====

FOR OFFICE USE ONLY MEMBER'S REGISTRA/ ID NUMBER _____

Application Approved by (Name) Date Signature
Board Member

Requirement: Ontario resident, 18 years old and over, Registration: **IN PERSON**
2 photos (for ID and File)
Please show Ontario ID at registration

/et