



የመታወቂያ ቁጥር _____

Member's ID Number

የዕድርተኛው መብትና ግዴታ ስምምነት ውል

Member's Benefit and Obligation Agreement

እኔ _____ የዋስትና ዕድር አባል

ለመሆን በራሴ ፍላጎት ስመዘገብ አባል ከሆንኩበት ቀን ጀምሮ 90 ቀን የቆይታ ጊዜ ሲያልቅ ከ 91 ኛው ቀን ጀምሮ ዕድሩ የሚያስገኛቸውን ጥቅም የማግኘት መብት እንዳለኝ፤ 90 ቀን ከማለቁ በፊት አባል በሞት ቢለይ በዕድሩ ደንብ \$25 የመክፈል ግዴታ እንዳለብኝም ተረድኜ ለዕድሩ መመዝገቢያ \$250 (ሁለት መቶ አምሳ የካናዳ ዶላር) በመክፈል ተመዝግቧል፡፡ የዕድር አባል በሞት ሲለይና ባለው መገናኛ ሲነገር በመተዳደሪያ ደንቡ በተደነገገው የጊዜ ገደብ 15 ቀናት ውስጥ በዋስትና ስም TD Bank በተከፈተውና ከዚህ በታች በተገለጠው የሂሳብ ቁጥር \$25 (ሃያ አምስት የካናዳ ዶላር) በማስገባት የመክፈል ግዴታ እንዳለብኝ፤ በአባል ላይ ሞት በደረሰ ጊዜ የዕድሩ ጠቅላላ ክፍያ በጊዜው ያለው የአባላት ቁጥር በ\$20 ተባዝቶ የሚከፈልና \$5 ቱ እና \$250 መመዝገቢያ ክፍያ በባንክ ተቀማጭ ይደረጋል፡፡ ይህ የዕድሩ ካፒታል የሚውለው በሞት ጊዜ ከአባላት የሚሰበሰበው ሳይጠበቅ የሞት ማስረጃ እንደቀረበ ለወራሽ በቼክ የሚከፈል መሆኑ ተገልጦልኝ በህጉ ተስማምቼ የዕድሩ አባል ሆኛለሁ፡፡ ነገር ግን ከላይ የተጠቀሰውን ግዴታዬን ሳልወጣ ብቀር ና የሞት አደጋ ቢደርስብኝ ዋስትና ለወራሹ ምንም ዐይነት የገንዘብ ክፍያ እንደማያደርግ ተረድኜ ተስማምቻለሁ ፡፡ ከዚህ በላይ በተዘረዘረው መብትና ግዴታ መስማማቴንና ከላይ ቁጥሩ የተጠቀሰውን የዋስትና የአባልነት መታወቂያ የተቀበልኩ መሆኔን በፈርማዬ አረጋግጣለሁ፡፡

I _____ willingly joined Wastena Mutual Support Association by paying \$250 one-time registration fee and to pay \$25 (twenty-five Canadian dollar) when a member passes away in 15 days of the death announcement. I also accepted the 90-day waiting period to receive benefits, but I will have to pay \$25 if a member passes away before the waiting period is over. I very well understand that I e-transfer or deposit the payment to the Wastena Account at: - TD Bank Wastena Mutual Support Association **Account Number 1029 523 1945** or online **pay@wastena.org**. I fully understand and agree that the benefit amount depends on the number of members. For example, the total is calculated as (# of members × \$20), and the payment will be issued by cheque as soon as the death certificate is presented. The \$5 and the \$250 Registration fees are the capital of Wastena that enable to pay to the beneficiary without waiting for members' payments. It is also made clear to me that if I fail to fulfill my obligations, my beneficiary will not be entitled to receive the benefit. I confirm that I understand and agree to the above-stated rights, obligations, and accept the above-numbered Wastena Membership ID by signing this document.

የአባሉ ፊርማ: _____ ቀን / Date _____
Member's Signature

የአባልነት ማመልከቻ የተቀበለውና መታወቂያ ያዘጋጀው የቦርድ አባል

Board member who approved the application and prepared the ID.

ስም _____ ፊርማ _____
Name Signature:

በመተዳደሪያ ደንቡ መሰረት የተዘጋጀ

Prepared based on the Wastena By-Law website <https://wastena.org/by-law/>

ማሳሰቢያ:- ይህ ፎርም በ 2 ክፍል ተፈርሞ 1 ኮፒ ለአባሉ ይሰጣል 1 ኮፒ ከመመዝገቢያ ፎርም ጋር ተያይዞ ይቀመጣል፡፡



ዋስቲና የመረዳጃ ማህበር የአባልነት መመዝገቢያ ቅጽ
WASTENA MUTUAL SUPPORT ASSOCIATION REGISTRATION FORM

PLEASE PRINT CLEARLY

APPLICANT

FIRST NAME _____

MIDDLE NAME _____

FAMILY NAME _____

DATE OF BIRTH Month _____ Date _____ Year _____

ADDRESS _____

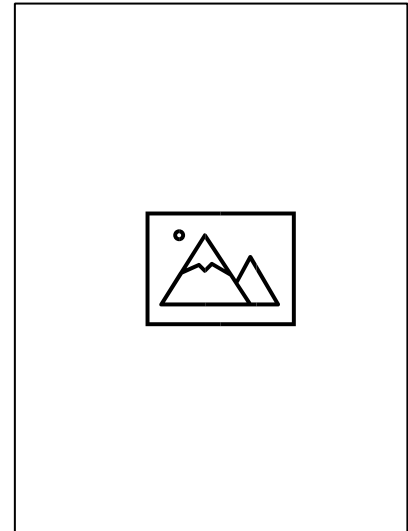
CITY _____

PROVINCE _____

POSTAL CODE _____

MOBILE NUMBER _____

E-MAIL _____



BENEFICIARIES

1. FIRST NAME _____ MIDDLE NAME _____

FAMILY NAME _____ MOBILE PHONE _____

E-MAIL _____

2. FIRST NAME _____ MIDDLE NAME _____

FAMILY NAME _____ MOBILE PHONE _____

E-MAIL _____

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

MEMBER'S REGISTRAR/ID NUMBER _____

Application Approved by (Board Member) | Date / Signature _____

Requirements: Ontario resident, 18 years old and over,

Registration: IN PERSON (2 photos for ID and File) . Please show Ontario ID at registration .