



የወጪዎች ቁጥር

Member's ID Number

የሰድር+ኅጂ መስኑና ማረጋገጫ ስምምነት መል

Member's Benefit and Obligation Agreement

፳፭

የጥስናና ምድር እባላ

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.

የኢትዮ. ቅ.ማ: _____ ቤት / Date _____
Member's Signature

የኢትዮጵያ ማመልከት የተቀበለውና መታወቂያ የዘመንጭ የሚደረግ አባላ

Board member who approved the application and prepared the ID.

ନାମ _____ ପଦ୍ଧତି _____
Name _____ Signature: _____

በመተዳደሪያ ይንበት መሰረት የተዘጋጀ

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



ዋስተና የመረዳቸ ማህበር የአባልነት መመዘገበዎች ቅጽ
WASTENA MUTUAL SUPPORT ASSOCIATION REGISTRATION FORM

PLEASE PRINT CLEARLY

APPLICANT

FIRST NAME _____

MIDDLE NAME _____

FAMILY NAME _____

DATE OF BIRTH Month _____ Date _____ Year _____

ADDRESS _____

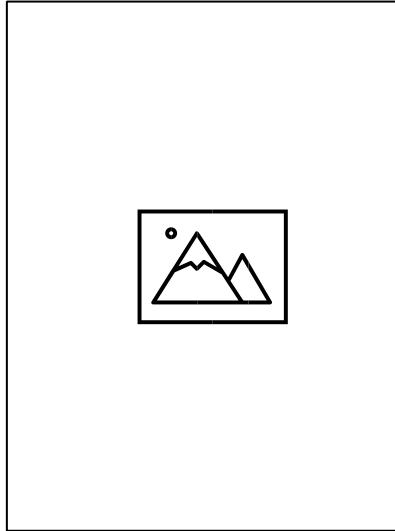
CITY _____

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.