



MEMBERSHIP APPLICATION FORM
(For office use only)

BASIC DATA

Full Name (Mr./Mrs./Ms) -----
Nationality -----
Date of Birth -----
Organizations -----
Last Official Title -----
Date of Separation -----

DEPENDENTS UNDER 21 (registered with your organizations)

1. _____
2. _____
3. _____
4. _____
5. _____

Mailing Address: P.O. Box -----
Home Address: W. ----- **K.** ----- **H. No.** -----
Tel. (W) ----- **Tel.(R)** ----- **Fax:** -----
E-mail: -----

TYPE OF MEMBERSHIP (check one)

 GS.

Annual (100 Birr) Life (1,000 Birr)

 P.

Annual (200 Birr) Life (2,000 Birr)

 Asso

Associate (1,000 Birr) I have paid dues to:

***Name of Sister Organization**

Please make check payable to AFICS (AA) or pay cash to the Treasurer.

I certify the above given information is true and correct

Date of Registration -----

Signature -----