

**የዕድሩ ተሳታፊነት ማመልከቻ**  
**Application for Participatin in EMAHT**

አባሉ የተመዘገበበት ቀን: \_\_\_\_\_

Member's Registration Date: \_\_\_\_\_

ስም/Name: \_\_\_\_\_  
First Middle Last

የትውልድ ቀን/DOB(MM/DD/YYYY): \_\_\_\_\_

ቋሚ አድራሻ (በሂውስተን እና አካባቢው)/Permenant Address (Houston & Metropolitan Area):

\_\_\_\_\_ ስልክ/Telephone: \_\_\_\_\_

\_\_\_\_\_ ኢ.ሜል/e-mail: \_\_\_\_\_

የቤተሰብ ስም ዝርዝር/Names of Family Members	ዝምድና/Relationship	የትውልድ ቀን/DOB

በአደጋ ጊዜ ተጠሪ/Emergency Contact \_\_\_\_\_ ስልክ/Tel \_\_\_\_\_

ቋሚ ተጠሪ/Beneficiary \_\_\_\_\_ ስልክ/Tel \_\_\_\_\_

**የዕድሩን መተዳደሪያ ደንብ ትረጎሜ ግዴታዎቹን ለማክበር የተስማሙ መሆኔን እያረጋገጥኩት ዕድሩ በአባልነት እንዲቀበለኝ አመለካታለሁ። በተጨማሪም ከላይ የሰጠሁት መረጃ ትክክለኛና ዕውነት መሆኑን በፊርማዬ አረጋግጣለሁ።**  
**As a member, I fully agree and abide by the rules and obligations of EEAHT. I hereby apply to membership and pledge to fully adhere to the regulations of EEAHT as stated therein. I also certify that the information I provided above is true and correct.**

የአመልካች ሙሉ ስም Name of the Applicant (PRINT) \_\_\_\_\_

\_\_\_\_\_ ፊርማ/Signature

አስተዳደር ኮሚቴ ሥራ /For Admin. Committee:		
_____ ተቀብለናል/ACCEPTED	_____ አልተቀበልንም/NOT ACCEPTED	_____ ፊርማ/INITIAL _____ ቀን/DATE