

# ጉጃም መረዳጃ ክና ዕድር ማህበር/Gojam Mutual Association (ፈለገ ጊዮን) መመዘገቢያ ቅጽ/Registration Form

የአባልነት ቁጥር/ Member ID Number: \_\_\_\_\_

የምዝገባ ቀን \_\_\_\_\_

የተወለዱበት ቀን \_\_\_\_\_

Registration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ስም \_\_\_\_\_

የአባት ስም \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

የአያት ስም \_\_\_\_\_

ፆታ \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

አድራሻ /address: \_\_\_\_\_

የስልክ ቁጥር/ Tel.No: የአጅ/Cell: (\_\_\_\_\_) \_\_\_\_\_ የቤት/Home: (\_\_\_\_\_) \_\_\_\_\_

ኢ.ሜል/E-mail: \_\_\_\_\_

የቤተሰብ ብዛት በዚህ አድራሻ/Number of Dependents at this Address: \_\_\_\_\_

### የቤተሰብ ዝርዝር / List of Household

| ሙሉ ስም/Full Name | ዝምድና/ Relationship | ፆታ/Gender | ልደት ቀን/ Date of Birth |
|-----------------|--------------------|-----------|-----------------------|
| 1. _____        | _____              | _____     | _____                 |
| 2. _____        | _____              | _____     | _____                 |
| 3. _____        | _____              | _____     | _____                 |
| 4. _____        | _____              | _____     | _____                 |
| 5. _____        | _____              | _____     | _____                 |
| 6. _____        | _____              | _____     | _____                 |
| 7. _____        | _____              | _____     | _____                 |
| 8. _____        | _____              | _____     | _____                 |
| 9. _____        | _____              | _____     | _____                 |
| 10. _____       | _____              | _____     | _____                 |

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if falsified statements on this form shall be grounds for dismissal.

የአድራሻ አባል ፊርማ /Signnture: \_\_\_\_\_ ቀን/Date: \_\_\_\_\_