

174 - 2242 Kingsway Vancouver, BC V5N 5X6 www.vancouverethiopia.com info@vancouverethiopia.com

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ECA Membership Registration Form

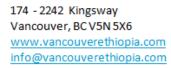
Thank you for becoming ECA member. If you have any question please contact our Membership Coordinator at: info@vancouverethiopia.com

* አስፈላշ Required
ስም First Name*
የአባት ስም Last Name*
ኢሜይል Email*
አድራሻ Address*
የቤት ስልክ Home phone number*
የእጅ ስልክ Mobile phone number *
ጾታ Gender* Male Female
የዕድሜ ክልል Age group*
 Under 18 18 -25 26-35 36-45 46-55 56-65
65 and up



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IIAKA ZIB TAIG EI	nergency Contacts:
Name:	
Phone:	
ሕስማማለሁ። ማኅበሩ	በ ለመሆን ሕፌል ጋለሁ፤ መተዳደሪያ ደቡንም አንብቤ ተርድቼ ሕንደማንኛውም አባል ማዲታዬን ለመወጣት · በዚህ ቅጽ ውስፕ የስጠሁትን የዓል መረጃ ለሕኔም ሆነ ለማኅበረሰቡ ተንቢውን አንልዓሎት ከመስጠት አኳያ ሕና ቀምበት ፌቃድ ሰፕቻለሁ።፡
of me as a regis	Association's constitution. I will duly abide by the duties and responsibilities required tered member. I hereby authorize the Ethiopian Association to use the personal vided here in its services to only me and/or members of the ECA in social services
<i>೩೭ೌ</i> Signature	
<i>∲</i> 3 Date	





1. Member Information:	
1. Member Information:	
Name:	
	Province: Postal Code:
Phone:	Mobile
Email:	
2. Banking Information:	
Account Number:	Branch Transit Number:
Financial Institution Number:	Chequing: Saving:
City:	Province:Postal Code:
3. Pre-Authorized Debit (PA)	D) Details:
	f \$every month as approved invoices or transactions.
These services are for (check	one):
These services are for (check Business Use:	one): Personal Use:
Business Use: You may revoke this authoriza Association. You also have ce example, reimbursement that is information on your recourse ri sample cancellation form, you	Personal Use: tion at any time with a 30 day notice in writing to the Ethiopian Community ratain recourse rights if any debit does not comply with this agreement. For s not authorized or not consistent with this PAD agreement. To obtain more ights or to find out more about the PAD cancellation process or to obtain a may contact your financial institution or visit www.cdnpay.ca.
Business Use: You may revoke this authoriza Association. You also have ce example, reimbursement that is information on your recourse ri	Personal Use: tion at any time with a 30 day notice in writing to the Ethiopian Community train recourse rights if any debit does not comply with this agreement. For s not authorized or not consistent with this PAD agreement. To obtain more ights or to find out more about the PAD cancellation process or to obtain a may contact your financial institution or visit www.cdnpay.ca. Signature of Joint Account Holder (if applicable):
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