

**የእድሩ ተሳታፊነት ማመልከቻ**  
**APPLICATION FOR PARTICIPATION IN ECFA**

**የዳላስ ፎርት ዎርዝ ኢትዮጵያውያን ዕድር/DFW ECFA**

ስም//Name \_\_\_\_\_  
First (print) Middle Last (print)

የትውልድ ቀን/D.O.B (MM/DD/YYYY) \_\_\_\_\_

ቻሚ አድራሻ ዳላስ ፎርት ዎርዝ ውስጥ/ Permanent Address in DFW  
ስልክ/Tel.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

የቤተሰብ ስም ዝርዝር/ Names of Family members	ትውልድ/DOB	ዝምድና/Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ድንገተኛ/Emergency Contact \_\_\_\_\_ ስልክ/Tele. \_\_\_\_\_

የእድሩን መተዳደሪያ ደንብ ተረድቼ ግዴታዎቼን ለማክበር የተስማማሁ መሆኔን እያረጋገጥኩ፣ እድሩ በአባልነት እንዲቀበለኝ አመለክታለሁ። በተጨማሪም ከላይ የሰጠሁት መረጃ ትክክለኛና ዕውነት መሆኑን አረጋግጣለሁ።  
As a member, I fully agree and abide by the rules and obligations of DFWECA in Texas. I hereby apply for membership and pledge to fully adhere to the Regulations of DFWECA as stated therein. I also certify that the information provided above is true and correct.

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

የአመልካች ፊርማ/ Signature of the Applicant. \_\_\_\_\_ ቀን / Date \_\_\_\_\_

ለቢሮ ስራ/Office use:	accepted	not accepted	Initial	ቀን/Date
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