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Ethiopian Community Association in Atlanta, Inc.
(ECAA)

752 N. Indian Creek Drive, Clarkston, GA 30021 • 404-298-4570 www.ethiopiancaa.org

Ethiopian Community Edir in Atlanta (ECEA)

APPLICATION FOR PARTICIPATION IN ECEA

Name: _____
First (print) Middle Last (print)

Year of Birth: _____

Marital Status (check one): _____ Married _____ Single

Name of Spouse: _____
First (print) Middle Last (print)

Year of Birth: _____

Permanent Address:

Tel.: _____ E-mail: _____

Dependents **Year of Birth** **Relationship**

Designated Representative

Telephone No.

1st: _____

2nd: _____

Applying as (check one):

Family (husband & wife and/or children under 18 or up to 23 with full-time student status): Registration Fee \$150.00 and Annual Dues \$180/year (6 Months Payment Required)

Single Individual: Registration Fee \$100.00 and Annual Dues \$120/year (6 Months Payment Required)

I hereby apply for participation in ECEA and agree to fully adhere to the spirit and Regulations of ECEA as stated therein. I acknowledge that ECEA Regulations may change from time to time, and that I agree to be fully bound by the terms of the Regulations effective on the date of death for the individual(s) covered by ECEA. I also certify that information provided above and in support of this application is true and correct.

Applicant Signature: _____ Date: _____

Registered By: _____ Date: _____

Requirements: Appear in-person, Complete application, Make payment, and Provide GA DL/ID.