



WELCOME TO  
ETHIOPIAN MUSLIM ASSOCIATION  
OF SEATTLE

Membership Registration Form

Personal Information:

Full Name: \_\_\_\_\_

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

Gender:  Male  Female  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Type:

Individual Membership

Family Membership (List family members below)

Family Member 1: \_\_\_\_\_

Family Member 2: \_\_\_\_\_

Family Member 3: \_\_\_\_\_

Family Member 4: \_\_\_\_\_

Emergency Contact:

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

Phone Number: \_\_\_\_\_

Membership Details:

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership ID Number: \_\_\_\_\_

Additional Information:

Would you like to volunteer for our organization's events?

Are you interested in serving on a committee or in a leadership role?

Terms and Conditions:

By signing this form, you agree to abide by the rules and regulations of our organization and to pay the membership fee as applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

[Submit Button]