



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]