



## **THE ETHIOPIAN WORLD FEDERATION, INCORPORATED**

1st Unit: 26 Court Street, Suite 1902, Brooklyn, NY 11242

Interim: Tel. (718) 573-0723 • Fax (718) 246-9186

Www.EthiopianWorldFederation.Org / E-mail: EWF1937@aol.com

### **PLEASE PRINT, FILL IN FORM & SUBMIT THIS APPLICATION FOR LOCAL CHARTER FORM**

Desiring to do all I can for the repatriation and resettlement of Ethiopia's children and Self-Reliance of Continental Africa by the co-operative efforts of Black (Ethiopic) people throughout the World, and to effect the social betterment of the Race, I do hereby apply for a Local Charter of the above named Organization. ARTICLE VI

#### **\*Necessary documents needed to process your application for a subsidiary charter:**

- 1. Original Application For Local Charter Form Filled Out, Signed and Dated, along with the filing fee of \$10.00. (ART. 6 Sec. 1 b)**
- 2. Copy of Government issued picture I.D. Card (front & back), along with 2 passport style pictures of all Executive Committee applicants.**
- 3. Desired Local Name:**
- 4. Desired Local Number:**
- 5. County:**
- 6. Jurisdiction:**
- 7. President:**
- 8. 1<sup>st</sup> Vice-Pres.:**
- 9. 2<sup>nd</sup> Vice-Pres.:**
- 10. Treasurer:**
- 11. Financial Secretary:**
- 12. Recording Corresponding Secretary:**
- 13. Chaplain:**
- 14. Sergeant-at-Arms:**



## **THE ETHIOPIAN WORLD FEDERATION, INCORPORATED**

### **APPLICATION FOR LOCAL CHARTER FORM**

<b>1. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>2. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>3. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>4. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>5. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>6. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:



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APPLICATION FOR LOCAL CHARTER FORM

<b>7. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>8. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>9. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>10. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>11. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>12. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:



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APPLICATION FOR LOCAL CHARTER FORM

<b>13. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>14. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>15. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>16. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>17. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>18. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:



**APPLICATION FOR LOCAL CHARTER FORM**

<b>19. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>20. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>21. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>22. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>23. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>24. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:
<b>25. Name:</b>	A.k.a.:
Date of Birth:    /    /        Gender:	Country of Birth:
Address:	
Tel./Fax:	E-mail:
Signature:	Date:

