



## THE ETHIOPIAN WORLD FEDERATION, INCORPORATED

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### **PLEASE PRINT, FILL IN FORM & SUBMIT THIS APPLICATION FOR MEMBERSHIP 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 membership. ART. II**

1. Name (Birth Certificate) \_\_\_\_\_

Other Names (if any) \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Country of Birth \_\_\_\_\_

4. Languages Spoken (if any) \_\_\_\_\_

5. Home Address \_\_\_\_\_

Tel# \_\_\_\_\_ E-mail/Site \_\_\_\_\_

6. Your Profession (trade/skill) \_\_\_\_\_

7. Are you employed? \_\_\_\_\_

8. Employer's Name \_\_\_\_\_

9. Are you a member of any organization, group or club? \_\_\_\_\_

If yes, please give organization's Name, \_\_\_\_\_

Address \_\_\_\_\_ Tel# \_\_\_\_\_

10. Have you any illness/disability? (If Yes, please describe) \_\_\_\_\_

**DECLARATION: I, \_\_\_\_\_, declare that the information I have given is true and that I will accept the decision regarding my application for membership. If accepted I hereby pledge to uphold the Constitution and By-laws of THE ETHIOPIAN WORLD FEDERATION, INCORPORATED (1937 – present) and the SHASHEMENE LAND GRANT HQ.**

I agree to pay the required membership fee US \$1.00

Applicant's Signature and Date signed: \_\_\_\_\_

**CONFIDENTIALITY: The information given here will be held in confidence by THE ETHIOPIAN WORLD FEDERATION, INCORPORATED and will not be given to any person (third party) without the applicant's consent and expressed permission of the official Int'l Executive Council.**

Notes \_\_\_\_\_