

**Ethiopian Community Mutual  
Assistance Association, Inc. (ECMAA)**

P.O. Box 194  
New York, NY 10027

**MEMBERSHIP APPLICATION FORM**

First Name:  Last Name:

Mailing Address:

City:  State:  Zip Code:

Phone:  Fax:  Email:

**TYPE OF MEMBERSHIP**     New Member     Renewing Member

**MEMBERSHIP DUES**

Regular Member                      \$30/year

**PAYMENT METHOD**

Check (payable to ECMAA in US dollars)    Check #

Cash

Signature:                       Date:

**As a member, I hereby apply for membership and fully pledge to the Bylaws of ECMAA.**

<b>ONLY FOR OFFICE USE</b>			
Received by: <input type="text"/>	Signature: <input type="text"/>		
Date: <input type="text"/>	Member Number: <input type="text"/>		