

የኢትዮጵያ ብሔራዊ አንድነት ግንባር
(ኢ.ብአግ)



Ethiopian National United Front
(ENUF)

Membership Application Form

Title : Please circle one (Mr. Mrs. Miss. Dr. Kes. Rev. Other)

First/Given Name(s):

Last/Family Name:

Address:

.....

Email:

Phone: Fax: _____

Membership Category: please check your choice with:-X

- | | |
|------------------------------|---|
| \$120.00 Per Year | <input type="checkbox"/> Full |
| \$60.00 Per Year | <input type="checkbox"/> Student/Pensioner |
| \$50.00 Per Year | <input type="checkbox"/> Associate |
| Any amount donation \$ _____ | <input type="checkbox"/> Supporter (Yearly) |

I certify that I did not belong to any other party within the last year.
I have () been a member in another political party within the last year. Please grant me a waiver so I can join the ENUF.

Signed: Date:...../...../.....

Please make checks payable to: *Ethiopian National United Front Development Foundation (ENUFDF)*

THANK YOU

The Headquarters and the Coordinating Chapters