



Office Use:
 Membership Contribution
 Reg. No.: _____ Year _____
 Remarks;

Member Information

Name	
Address ; Street	
Suburb/Town	
State	
Post Code	
Telephone (Home)	
Telephone (Business)	
E-mail	
Fax	

Pledge Information:

I (we) pledge a total of \$ _____ to be paid:

Now
 Monthly
 Yearly
 Quarterly

I (we) plan to make this contribution in the form of:

Cash
 Cheque
 Credit card
 Others

Acknowledgement Information:

Please use the following name (s) in all acknowledgements:

_____, I (we) wish to have my (our) contributing remain anonymous.

Signature	
Date	

The contribution payable to:

Ethiopian Community Association in NSW
 1 Harwood Place
 Parramatta, NSW 2150
<http://www.ethioiawinet.asn.au> ; ethiocommweb@ethiopiawinet.asn.au