

Place  
Holder for  
Logo

ኢትዮ-ኪዩባን በአሜሪካ መረብ-እድር (ኢ.ኪ.አ መረብ-ዕድር)  
Ethio-Cubans "Web-Edir" in North America (EtCENA) Membership  
Application Form

Applicant Name: \_\_\_\_\_  
First Middle Last

Year of Birth: \_\_\_\_\_ Marital Status (check one):  Married  Single

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you have dependents (Beneficiaries):  Yes  No

If yes, please provide the following (only children under the age of 26 are allowed under your membership). List your spouse as the designated representative.

Full Name	Year of Birth	Relationship

Designated Representative:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby confirm reading the Ethio-Cuban Edir in North America (EtCENA) bylaw and agree to participate, adhere to the spirit and Regulations of EtCENA as stated therein. I acknowledge that EtCENA Regulations may change from time to time, and that I agree to be fully bound by the terms of the Regulations effective on the date of death for the individual(s) covered by EtCENA. I also certify that information provided above and in support of this application is true and correct.

**A copy of the applicant's identification card must be attached.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Approved  Denied

Approved or denied by: \_\_\_\_\_ Date: \_\_\_\_\_