

استمارة تسجيل العضوية
Membership Registration Form
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1. First Name(s):
2. Surname:
3. Place of Birth:.....
4. Gender:
5. Membership Type (Single/ Family):YearlyMonthly.....
6. Address:
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- Post Code:
7. Town/ City/ Region:
8. Telephone:- HomeMobile:
9. Email:

10. Dependents (Spouse)

First Name(s)	Surname	Gender	DOB	Relationship to you

Additional information regarding Al Muswassat membership
www.muwasat.org