



ETHIOPIAN AIRLINES FORMER EMPLOYEES ASSOCIATION

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P. O. Box 73522, Washington DC 20056

Membership Application Form

(Please attach your photo)

REF/ET-ID NO: _____

Applicant Name: _____ Date Of Birth (mm/dd/yy): _____

Spouse Name: _____ Date Of Birth (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____ FAX: _____

Children Names: 1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

7 _____ 8 _____

Date of employment with ETHIOPIAN (mm/dd/yy): _____

Years of service with ETHIOPIAN AIRLINES: _____ Department: _____

Referred to membership by: _____ Date (mm/dd/yy): _____

Applicant's Signature: _____ Date (mm/dd/yy): _____

For Official Use Only

Application Processed by: _____ Date (mm/dd/yy): _____

Approved By EAFEA President: _____ Date (mm/dd/yy): _____

Initial Association Dues/Fees \$: _____ Receipt No: _____