

Gonder Hibret  
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**የአባልነት መመዘገቢያ ቅጽ**  
Membership Registration Form

የሚኖሩበት ክ/ሀገር  
State

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የአባል ሙሉ ስም  
Member's Full Name

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አባልነት የተመዘገበበት ቀን  
Date registered for membership

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ሙሉ አድራሻ  
Full Address

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ስልክ ቁጥር  
Telephone

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ኢሜል  
Email

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ለጎንደር ሕብረት መሳተፍ/ማበርከት የሚፈልጉት  
Interest to Contribute For GOH

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ፎርምን የተረከበው ሰው ስምና ፊርማ  
GOH Representative

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የአባሉ (የተመዘገቡ) ፊርማ  
Signature of registrant

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የመመዘገቢያ ክፍያ የአንድ ጊዜ ብቻ  
One time registration Fee

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\$100.00

የአባልነት ወርሃዊ ክፍያ  
Membership Monthly Payment

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\$10.00

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