

**ደብረ ገነት አማኑኤል የኢትዮጵያ ኦርቶዶክስ ተዋህዶ ቤተክርስቲያን**  
**Debre Genet Amanuel Ethiopian Orthodox Tewahedo Church**

15 Dean St, West Orange, NJ, 07052

የመዝገብ ቁጥር: \_\_\_\_\_  
 File number

ቀን: \_\_\_\_\_  
 Date

**የአባልነት መመዝገቢያ ቅጽ**

**Membership Registration Form**

**Section 1: Name and contact information of the head of the household (primary applicant)**

የአመልካች ስም: \_\_\_\_\_  
 Applicant First name Middle name Last name

Address: \_\_\_\_\_  
 Street and Apt # City State Zip code

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

የባለቤቱ ስም: \_\_\_\_\_  
 Spouse name First name Middle name Last name

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

**Section 2: List of Family members (please start with the head of the family)**

S. No	ሙሉ ስም Full name	የክርስትና ስም Baptism name	ዝምድና Relationship	ፆታ Gender	ዕድሜ Age

**Section 3: Communication preference**

Would you like to receive emails/ text messages regarding church announcement? YES \_\_\_\_\_ NO \_\_\_\_\_

**Section 4: Monthly fee**

የአባልነት ወርሃዊ ክፍያ:  \$20 Single  \$ 30 Couple/head of household

የአመልካች ፊርማ: \_\_\_\_\_  
 Applicants' signature

የካህኑ ፊርማ \_\_\_\_\_  
 Signature of the priest

Tel: 501-291-0068

Email: debregenet@aeotcnj.org

www.aeotcnj.org