

ERITREAN COMMUNITY IN WINWITEG INC.

ማሕበረ-ኮም ኤርትራዊያን ኣብ ዊንዊጥ

OFFICE AND COMMUNITY CLUB

PO. BOX 1105 Station Main

346 HARGRAVE STREET 2nd floor

WINWITEG, MANITOBA

WINNITEG, MANITOBA R3B 2J9

R3C 2X4

Telephone: (204) 794-4981

Web site: www.eritreancommunity.ca

Membership Application Form

Registration # _____

Name: First _____ Last _____

ምላእ ስም _____

Mother's Name _____

Age group 18-25__ 26-35__ 35-40 __ 40-50__ 50-60__ Other _____ Sex /ጾታ ____ —

Nationality / Legal status / ዜግነት _____

Landed Immigrant __ Canadian Citizen__ Eritrean Citizen ____ Other _____

Other/previous/ name(s) (Optional) / ቅድሚያ ስም ዝተጠቐምኩ/ኩሉ ስም _____

Marital status: Married _____ Single _____ Other _____

Family Members / ብዝሒ ኣባላት ስድራቤት ፥ No./ቁ (For more names use the back of the form)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Reference / Emergency Contact / Sponsor / ናይ ቀረባ ተሓታቲ _____

Mailing Address / ኣድራሻ _____

City _____ Province _____ Postal Code _____

Telephone (Home) _____ (Work) _____ e-maid: _____

Applicant's signature / ክታም _____ Date / ዕለት _____

I agree that all personal information stated above is protected under the Freedom of Information and Protection of the Privacy Act (FIPPA) and can be released under applicable rules.

Applicant's signature / ክታም _____ Date/ዕለት _____