



Office Use:  
 Membership Contribution  
 Reg. No.: \_\_\_\_\_ Year \_\_\_\_\_  
 Remarks;

**Member Information**

Name	
Address ; Street	
Suburb/Town	
State	
Post Code	
Telephone (Home)	
Telephone (Business)	
E-mail	
Fax	

**Pledge Information:**

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:

Now	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Yearly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>

I (we) plan to make this contribution in the form of:

Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Credit card	<input type="checkbox"/>
Others	<input type="checkbox"/>

**Acknowledgement Information:**

Please use the following name (s) in all acknowledgements:

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\_\_\_\_\_, I (we) wish to have my (our) contributing remain anonymous.

Signature	
Date	

The contribution payable to:

Ethiopian Community Association in NSW  
 1 Harwood Place  
 Parramatta, NSW 2150  
<http://www.ethioiawinet.asn.au> ; [ethiocommweb@ethiopiawinet.asn.au](mailto:ethiocommweb@ethiopiawinet.asn.au)