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Name _____ Middle _____ Last name _____ Member ID # _____

DOB _____ SEX MALE _____ FEMALE _____
 Email _____ Applicant's ID# _____

Home address _____ Apt# _____
 City _____ State _____ Zip Code _____

Home phone # _____ Cell Phone _____
 Applicant's Mother Name _____ Middle Name _____ Last Name _____

SPOUSE'S FULL NAME _____

Spouse's DOB _____ Cell Phone # _____ Spouse's ID# _____

Spouse's Mother First Name _____ Middle Name _____ Last Name _____

CHILDERENS FULL NAME

CHILDERENS DATE OF BRITH

1. _____ DOB _____
 2. _____ DOB _____
 3. _____ DOB _____
 4. _____ DOB _____

Single use only

Beneficiary	First Name	Middle Name	Last Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Beneficiary home address _____ Apt# _____

City _____ State _____ Zip Code _____

Home phone # _____ Cell Phone # _____

Application needs to be submitted in person with a copy of valid ID or driver license.

The undersigned hereby received and acknowledge that I have read the rules and regulation for membership. I agree and promise to fully abide by rules and regulations required by members.

Signature _____ Date _____

If you need to register your child and need extra space please jot it on another sheet and provide the information with your application.

Mailing Address Andnet Idir 7052 Santa Teresa Blvd #105 San Jose, Ca 95139

<https://andnetidir.com/> info@andnetidir.com Phone # 408-506-9848