



**Member ID: 1004**

**Applicant**

Name:		Mobile:	
Email:		Tel:	
Street:		Post Code	
Suburb:		State:	

**Family Members**

Name of Spouse:		Mobile:	
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No.	Name of Children	Male / Female	Date of birth	Live with or Left home

**Emergency Contact**

Name:		Mobile:	
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እኔ ስሜ ከላይ የሰፈረው አመልካች ከላይ በተጠቀሰው እድር ውስጥ አባል ለመሆን አመለክታለሁ። ማመልከቻዬ ተቀባይነት አግኝቶ አባል ከሆንኩ በተግባር ላይ ያለውን የወቅቱን መተዳዳሪያ ደንብ ሙሉ በሙሉ ተቀብያለሁ፤ በአባልነቴም ግዴታዬን ለፈጸም መስማማቴን እገልጻለሁ።

I, the above- mentioned applicant hereby apply to become a member of **Ethiopian friendship and cooperation IDIR**. In the event of my admission as a member, I agree to be bound by the constitution of the **IDIR** for the time being in force, and fulfil my obligation as a member.

Applicant's Sign:		Date:	
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Complete the FORM and SAVE at your computer, and send back to us via : [yedres\\_ledagnaw@idirbesydney.com.au](mailto:yedres_ledagnaw@idirbesydney.com.au)

**OFFICE USE:**

Application accepted: ..... Additional Info needed: .....

CHAIRMAN: ..... DATE: .....