



**ደብረ ሣህል ቅዱስ ገብርኤል**  
**የኢትዮጵያ ኦርቶዶክስ ተዋሕዶ ቤተ ክርስቲያን**  
**DEBRE SAHEL ST. GABRIEL**  
**ETHIOPIAN ORTHODOX TEWAHEDO CHURCH**



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**የአባልነት መመዝገቢያ ቅፅ**  
**Membership Registration Form**

ሥም / Name: \_\_\_\_\_

አድራሻ / Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ስልክ ቁጥር/ phone#: የቤት/Home (\_\_\_\_\_) \_\_\_\_\_ የሥራ / Work (\_\_\_\_\_) \_\_\_\_\_

የኢሜል አድራሻ / Email address: \_\_\_\_\_

**ቤተሰብ/Family**

የባል ወይንም የሚስት ሥም/Spouse Name: \_\_\_\_\_

የልጆች ሥም/Children's name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

የአባልነት መመዝገቢያ/Membership Registration fee: \$10.00

የአባልነት የወር መዋጮ / Membership monthly dues: \$20.00 \$30.00 Other: \$\_\_

በተጨማሪ ለህንፃ ወይንም ለልዩ ልዩ ወጪ  
 በየወሩ ሊከፍሉ የፈቀዱት / Additional monthly pledge: \$ \_\_\_\_\_  
 ጠቅላላ / Total: \$ \_\_\_\_\_

ከዚህ በላይ የተ ጠቀሰው ትክክል መሆኑንና እኔም በአባልነት እንደምቀጥል ተስማምቻለሁ  
 I certify the correctness of the above information and pledge to continue my membership.

ፊርማ / Signature: \_\_\_\_\_ ቀን / Date: \_\_\_\_\_

**ለቢሮ ሥራ ብቻ/Official Use Only**

ማስታወሻ/Note: \_\_\_\_\_

ፊርማ/Signature: \_\_\_\_\_ ቀን/Date: \_\_\_\_\_