

**IQRAA FOUNDATION**



**MEMBERSHIP FORM**

**የአባልነት ቅፅ**

ስም : NAME :		የአባት ስም : SURNAME :	
ጾታ SEX	ወንድ MALE	<input type="checkbox"/>	ሴት FEMALE
ሙሉ አድራሻ : FULL ADDRESS :			ከተማ : CITY :
የቤት ስልክ : HOME PHONE :		ተንቀሳቃሽ ስልክ : MOBILE :	
የኢሜል አድራሻ : EMAIL ADDRESS :			
የእድሜ ክልል AGE GROUP	16-24	<input type="checkbox"/>	24-40
		<input type="checkbox"/>	40-60
		<input type="checkbox"/>	ABOVE 60
		<input type="checkbox"/>	<input type="checkbox"/>
ሙያ : PROFESSION :			
እባክዎን የትምህርት ደረጃዎን ያክብቡ PLEASE CIRCLE			
MD    POST-GRADUATE    GRADUATE    UNDERGRADUATE    COLLEGE HIGH SCHOOL    OTHER			
የልጆች መረጃ CHILDRENS INFORMATION			
ስም : NUMBER OF CHILDREN :	የእድሜ ክልል AGE GROUP	0-5	5-10
		<input type="checkbox"/>	<input type="checkbox"/>
			10-15
			<input type="checkbox"/>
	ወንድ MALE	<input type="checkbox"/>	ሴት FEMALE
		<input type="checkbox"/>	<input type="checkbox"/>