



**የደብረ ገነት አቡነ ተክለሃይማኖት የኢትዮጵያ ኦርቶዶክስ ተዋሕዶ ቤተ ክርስቲያን**

**Debre Guenet Abune Teklehaimanot Ethiopian Orthodox Tewahdo Church**

2800 Fisher Avenue, Commerce, Michigan 48390 | www.teklehaimanot.org | Tel: (248) 896-2655

**የአባልነት መመዝገቢያ ቅጽ / Membership Form**

ቀን/Date. \_\_\_\_\_

ሙሉ ስም: \_\_\_\_\_ የባል/ሚስት/ ስም : \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

የክርስትና ስም / Baptismal Name: \_\_\_\_\_ የክርስትና ስም / Baptismal Name \_\_\_\_\_

ፆታ/Gender ወንድ/Male [ ] ሴት/Female [ ]

አድራሻ/Address: \_\_\_\_\_

ስልክ/Phone \_\_\_\_\_ ኢሜል/E-mail \_\_\_\_\_

By providing a telephone number and submitting this form you are consenting to be contacted by SMS text message. Message and data rates may apply. You can reply STOP to opt-out of further messaging

**የቤተሰብ ስም ዝርዝር / Family Member**

ስም /FULL NAME	የክርስትና ስም/BAPTISMALNAME	ዝምድና/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
የአደጋ ጊዜ ተጠሪ/Emergency Contact _____	ስልክ/Phone _____	
የንስሐ አባት ስም _____	ስልክ/Phone _____	

**የአባልነት ወርጎዊ ክፍያ /Membership Fee Minimum Monthly pledge**

[ ] ባለ ትዳር /Married \$60.00 [ ] ያላገባ (ች) /Single \$40.00  
[ ] በሥራ /ተማሪ በመሆን/ ምክንያት ለጊዜው መዋጮ መክፈል የማይችሉ (Non-Contributor due to financial situation)

የሚከተለውን ገንዘብ በየወሩ አለግሳለሁ-(The following is my pledge amount monthly to support to Debre Guenet Abune Teklehaimanot EOTC): \$ \_\_\_\_\_

ክፍያ የሚጀምርበት ወር (Payment Starting Month) \_\_\_\_\_ የአባል ቁጥር (Member ID NO) \_\_\_\_\_

ቤተክርስቲያኗ ያለአርሰዎ ወርጎዊ ልገሳ መንፈሳዊ አገልግሎቷን ለማሟላት ስለማትችል፤ እርዳታዎን በየወሩ ለመስጠት ፈቃደኛ ስለሆኑ እግዚአብሔር ይስጥልን። Without your generous monthly financial support, Debre Guenet Abune Teklehaimanot EOTC will not be able to provide Spiritual services and fulfill the mission the Church. Thank you for your support and God Bless you.

ከዚህ በታች በፊርማዬ የኢትዮጵያ ኦርቶዶክስ ተዋሕዶ ሃይማኖት ሙሉ ሥርዓት እና እምነት ተከታይ እንደሆንሁ እና የሚጠበቅብኝን ወርጎዊ መዋጮም እንደምክፍል አረጋግጣለሁ። I hereby apply for membership to Debre Guenet Abune Teklehaimanot Ethiopian Orthodox Tewahdo Church and I Have enclosed the membership fee.

የአባሉ ፊርማ/Signature \_\_\_\_\_ መታወቂያ ቁ. /I.D. # \_\_\_\_\_

**ለአሰራር ክፍል/Office use only**

ደረሰኝ ቁጥር/Receipt No \_\_\_\_\_ ቀን/Date \_\_\_\_\_ Processed by \_\_\_\_\_

ክፍያ መጠን/Amount \$ \_\_\_\_\_ የአባል ቁጥር/Member ID No \_\_\_\_\_ Signature \_\_\_\_\_