

## **New Members' Application Requirement Guide**

All applicants to Edir should apply in person, husband & wife if married, at the in-person Board meeting.

If the Board meeting is held virtually, the applicant, both husband and wife if married must appear at the virtual meeting.

All applicants to Edir should submit the following required documents at the in-person Board meeting or by mail if the Board meeting is held virtually.

### Required Documents

Completed Application Form.  Driver's license or City ID with Tri-State address to verify legal residency.  Birth certificate for dependent children under age 22.  Birth Certificate for applicants aged 22 to 35.  Marriage certificate for married couples.  Application fees.

### **Dues & Fees**

One-time membership fee for couples and individuals over 35 years – \$1000

One-time membership fee for 22 years to 35 years – \$150

One-time membership fee for members' dependent parent – \$500

Additional payment to the one-time membership fee for dependents under 22 years – \$75

Annual administrative fee – \$60 – All applicants pay this fee.

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Ethiopian Edir Mutual Assistance Association in New York Inc.

450 Lexington Ave. 4th Floor

C/o WeWork

New York, NY 10017

# Application for Membership

Applicant Full Name: \_\_\_\_\_

Marital Status :Single\_\_\_\_\_ Married\_\_\_\_\_

If Married, Full Name of Spouse: \_\_\_\_\_

## **Permanent Residence Address**

Address Line 1: \_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ ZipCode:\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **If married, please provide your spouse's cell phone number. and Email address:**

Spouse's Cell Phone: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

## **Names of Children under 22 years of age and Date of Birth:**

1. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

2. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

3. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

4. Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

(Proof of age document is required with the membership application)

Death Beneficiary: \_\_\_\_\_

If spouse, check box (this will work for either spouse)

Check if your spouse is your beneficiary

Otherwise, please provide details of your beneficiary below:

Full Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

**Full Address of the Beneficiary:**

Beneficiary's Phone # \_\_\_\_\_

Next of Kin: \_\_\_\_\_

(Next of kin will be contacted in the absence of a designated beneficiary or if the beneficiary cannot be reached)

Full Name of next of kin : \_\_\_\_\_

Next of Kin Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agreement**

As a member, I fully agree and abide by the rules and regulations of EEMAA. I hereby apply for membership and pledge to fully adhere to the Administrative Regulations and Bylaws of EEMAA. I also certify that the information provided above is true and correct.

Do you understand and agree to the terms listed above? :

Yes, I understand and agree to the terms listed above.

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Spouse's Signature(If married): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Authorized EEMAA's Official Signature(For office use): \_\_\_\_\_

**For office use**

Date: \_\_\_\_\_

Assigned EEMAA ID Number: \_\_\_\_\_

For EEMAA's Use: Accepted\_\_ Not Accepted \_\_ (see attached) Initial \_\_\_\_\_

Date \_\_\_\_\_