

Tsin'At Eritrean-American Association of DFW

Membership Form

Registration Fee: - \$100
Annual Membership Fees:
 Single - \$150
 Married - \$225
 Married w/ Children - \$300
 Single w/ Children - \$225
 Sibling Living Together - \$225



1...Zelle – tsinat.finance@gmail.com
 2...Send Check or Money Order to
 Tsin'At DFW
 5960 W. Parker Rd. Suite # 278-225
 Plano, TX 75093
 3...Chase Bank – Acct # 612118593

Registration Date:

Member Name: DOB: Phone#:

ID# (DL, Passport): Email Address:

Member's Spouse: DOB: Phone#:

ID# (DL, Passport): Email Address:

Address: City/State/Zip:

Single: Married: Married with Children: Single with Children: Sibling living together:

Dependent Family Members: (Under 22 years old)

<u>Full Name:</u>	<u>Date of Birth</u>	<u>State of Residence</u>	<u>ID# (if any)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiaries/Designated Representatives: Spouses are beneficiaries by default. Please put down additional beneficiaries.

<u>Full Name</u>	<u>DOB</u>	<u>Phone #</u>	<u>ID# (DL, Passport)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Note:

- Membership is pending until the one-time registration fee and the annual membership fee is paid as well as the approval of the executive board.
- By signing this form, I _____ agree to abide by the Tsin'At Bylaws, and also attest that the information provided in this form is all true and accurate. I also understand that if I provide misleading or incorrect information in this form, I could forfeit all the benefits and be subject to legal actions by the organization.

Signature: _____ Date: _____

For Registrar (Secretary) New Form: Amended: Reviewed by: _____

Decision: Yes: No: Date: _____ If rejected, reason: _____

Registration Fee (one time) – Paid:

Annual Membership Fee – Paid: Signature: _____ Date: _____