



ANDENET MEREDAJA EDIR

ID # _____

Membership Registration Form

Full Name: _____

Gender: Male Female Age: 18-29 30-39 40-59 60-70 71+

Current Residence: _____

(Proof of physical address required)

Telephone: _____ Mobile: _____

Email: _____

Spouse Name: _____

Children under 18 years of age

(Birth Certificate and proof of residency required)

	Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Upon my death, the benefit paid by Edir should be used towards my funeral. To this end, I direct the following two people to represent me respectively.

1. Name _____

Address: _____

Relationship: _____ Phone: _____

Social Security #/Gov. issued id #: _____

In the event my representative in box one dies, becomes disabled, or no longer wishes to act as my representative; or could not be located within 48 hours of my death, my representative in box 2 becomes the successor.

2. Name _____

Address: _____

Relationship: _____ Phone: _____

Social Security #/Gov. issued id #: _____

By signing below, I here by acknowledge that I fully understand and agree with the terms and policies of Andent Meredaja Edir. I apply for membership and pledge to fully adhere to the rules, and administrative policies of Andent Meredaja Edir. I also certify that the information provided above is true and correct.

Applicant _____ Signature| _____ Date _____

ANDENET MEREDAJA EDIR

A program of ECCC

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