

# The Ethiopian Salvation Society

## Membership Application

1. Surname: \_\_\_\_\_ Middle: \_\_\_\_\_ Given: \_\_\_\_\_
2. Mother's Maiden Name: \_\_\_\_\_
3. Address: \_\_\_\_\_ Years there: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Emergency contact.
5. Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Marriage: \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Place of Marriage
7. Next of Kin: \_\_\_\_\_ Contact number \_\_\_\_\_
8. Schools attended: \_\_\_\_\_
9. Education/Skills/Diplomas/Degrees: \_\_\_\_\_
10. Languages spoken: \_\_\_\_\_
11. Do you have any chronic medical problems: \_\_\_ Yes \_\_\_ No
12. Are you currently under a doctor's care: \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Name
13. Do you have any food, insect or medication allergies: \_\_\_ Yes \_\_\_ No
14. If allergies, do you wear any medical alert bracelet or equipment \_\_\_ Yes \_\_\_ No
15. Are you the member or any other organization, society or church \_\_\_ Yes \_\_\_ No
16. Name of organization if you answered yes: \_\_\_\_\_
17. Years in that organization and positions held: \_\_\_\_\_
18. Are you currently in any problems with law enforcement: \_\_\_ Yes \_\_\_ No
19. What are the nature of the problems if any: \_\_\_\_\_
20. I, \_\_\_\_\_ being of sound mind and body hereby make this application to become a member of The Ethiopian Salvation Society. I pledge to abide by, defend, preserve and protect the constitution and by-laws of said society working tirelessly in the vineyard of the King of Kings of Ethiopia to achieve full Restoration and Restitution of all Ethiopians at home and abroad.
21. Reference 1. Name \_\_\_\_\_ Date of Membership \_\_\_\_\_ Dues current \_\_\_ Yes \_\_\_ No
22. Reference 2. Name \_\_\_\_\_ Date of membership \_\_\_\_\_ Dues current \_\_\_ Yes \_\_\_ No