

## Agazi Alumni's Membership Form

ASAA  
P.O.Box 200115  
Denver, CO 80220-0115

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

A: If your spouse is also former Agazi student, please include his (her) name as well.

B: If you are not a former graduate or student of Agazi but would like to help, please indicate.

Years at Agazi: 19\_\_ to \_\_ (in Ethiopian calendar), and that of your spouse: 19\_\_ to \_\_

Not a student of Agazi: [    ]

**Phone number:** \_\_\_\_\_

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

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Single membership fee is: US \$60 (Sixty).

Joint membership fee (for couples) is: US \$90 (ninety) (= \$7.50 per month)

Membership type: Single: \_\_\_\_\_ Joint membership: \_\_\_\_\_

Effective Year: \_\_\_\_\_

Membership will be on calendar year basis and should be paid by July of the same year.

Additional Donation: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

