

Thank you for your interest in becoming a member of the Ethiopian North American Health Professionals Association (ENAHPA).

Membership is open to all, irrespective of your profession. There is no membership fee, but active participation in the various initiatives of the Association is expected. Participation could take various forms. For example, you can:

- Donate equipment, money or educational material to a specific project;
- Support a project professionally (transfer knowledge, skills, technology)
- Assist in day-to-day tasks / operations of the organization
- Start your own project, with the approval of the Board of Directors.

**Please fill out the following form.**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Profession / Occupation \_\_\_\_\_ Date \_\_\_\_\_

Specialty / interest within profession \_\_\_\_\_

Interested to serve on standing committees? Yes  No

If yes, select a committee \_\_\_\_\_

Area of interest \_\_\_\_\_

Project of interest \_\_\_\_\_

**Please donate. All donations are tax-deductible.**

Donation amount:

\$25       \$50       \$100       \$200       \$500       Other \_\_\_\_\_

Payment method:

Check enclosed (Make payable to ENAHPA, Inc. 6632 Telegraph, Box 150, Bloomfield Hills, MI 48301)

Money Order       PayPal (ENAHPA website)       Credit card

Authorized Name \_\_\_\_\_

Billing Address  same as above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Thank you for your generosity. We look forward to your continued active support and participation.