

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.