

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: _____

