

TIGRAY COMMUNITY ATLANTA
MEMBERSHIP APPLICATION

Applicant's Name _____

Married **Spouse's Name** _____

Name of dependents

_____ Sex ____ Relationship _____ DOB _____

_____ Sex ____ Relationship _____ DOB _____

_____ Sex ____ Relationship _____ DOB _____

_____ Sex ____ Relationship _____ DOB _____

Address _____

Tel. Number _____

Email Address _____

I have read and fully understood the Bylaws of the Tigray Community Atlanta, and decided to become a member as of today, _____. I understand that I will, at all times, respect and abide by the bylaws of the Tigray Community Atlanta, thereby shoulder my responsibilities to the fullest and reserve my rights to the benefits, services and other rights that are enshrined in the Bylaw. I further acknowledge and understand that I will face disciplinary actions, based on the Bylaws that reach up to the termination of my membership in the event that I am found liable for not shouldering my responsibilities and/or found in violation of the Bylaws. In such circumstances, By signing this application form herein, I am waiving my rights to sue the Tigray Community Atlanta, its members and leaders of any liability or seeking any legal proceedings against such decisions and actions taken against me

Applicant's Signature _____

Membership Approval

Date _____

Chairman's Name _____

Signature _____