

Society of Eritrean Jebertis of Canada (SEJC)



Date: _____

Membership Application (New: _____Renewal:_____)

Member Information: -

Full Name : _____

Date of Birth: _____

Spouse Name: _____

Date of Birth: _____

Address 1: _____

Address 2: _____

City: _____

Province: _____ Postal Code: _____

Home Phone: _____

Cell Number: _____

Email Address: _____

P.O.BOX 186 2967 Dundas Street W., Toronto, On M6P-1Z2

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Dependents: -

Full Name(s)	Gender	Birth Date (DDMMYYYY)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(list additional dependents on the reverse side of this form)

SIGNATURES	
I authorize the verification of the information provided on this form.	
Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership)</i> :	Date:

Please email the **SIGNED AND COMPLETED** form to **INFO@SEJCAN.ORG**

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