



CREW Membership Form

ጊትዮጵያ ሴቶች መብት ማዕከል (ኢሴመማ)

አቀፍ ለኢትዮጵያ ሴቶች ማህበራዊ ፍትህና በራስ የመተማመን አቅማቸውን ለማጎልበት አንሰራለን”

Center for Rights of Ethiopian Women

“Striving for social justice and empowerment of Ethiopian Women worldwide”

Member Information (please print or type)

Name ስም	
Billing address አድራሻ	
City ከተማ	
State ክፍለ ሃገር	
ZIP Code የፖስታ ቁጥር	
Country አህጉር	
Telephone (home)/ የስልክ ቁጥር	
Telephone (business)/ የስልክ ቁጥር	
Fax	
E-Mail/ኢሜይል	

CREW Account # 1690560998

Payment Information

I (we) pledge a total of \$_____ to be paid:
_____ now _____ monthly _____ quarterly _____ yearly_____

I (we) plan to make this contribution in the form of
_____ cash _____ check _____ Credit card _____

I (we) wish to have our gift remain anonymous. _____

Signature(s):-
Date:-

Full Member/ሙሉ አባል	\$15.00
Associate Member/ተባባሪ አባል	\$10.00

Payable to:

Center for Rights of Ethiopian Women (CREW)
7835 Eastern Ave
Silver Spring, MD 20910