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Wegene Lene Edir
10942 West 74th Terrace, Shawnee, KS 66203
Info@lewegeneleneedir.com (913) 329-4903

Application for Membership

Membership ID _____ Family Size: _____ **Date of Birth:** _____

Applicant Full Name: _____

Spouse: _____

Permanent Residence: _____

City: _____ State: _____ Zip _____

Home Tel. _____ Office Tel. _____

Cell Phone No. _____ Email Address _____

*** In the table below, list the family members who are residents of the household. They are apart from mother, father and children if there are family members over 26 years of age living in household, they should fill this form separately for themselves.**

Names of Children under 26 years of age:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Parents live with you:	Date of Birth
1. _____	_____
2. _____	_____

Emergency Contact

Full Name _____

Relationship _____

Address _____ Phone # _____

As a member, I fully agree and abide by the Bylaw of WLE. I hereby apply for membership and pledge to fully adhere to the Administrative Regulations and Bylaws of WLE. I also certify that the information provided above is true and correct.

Applicant's Signature: _____ Date: _____

➤ One time membership registration fee for couples and individuals \$50 and Onetime Advance payment couples \$100 and individuals \$50 - **All applicants pay this fee.**