



**OROMO CANADIAN COMMUNITY ASSOCIATION OF GTA
WALDAYA HAWAASA OROMO CANADA TORONTO**

761 Jane Street, Suite 210 Toronto Ontario M6N 4B4, Tel: (416) 767 8784, Fax: (416) 767 7223

MEMBERSHIP ENROLLMENT FORM

Today's Date: _____ New Member Old Member

MEMBERS INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

Date of Birth D/ M/ Y/ Sex M F

Street address: _____ APT# _____

P.O.Box: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Business Phone: () _____

How did you hear about us? (please check one box): _____ Mobile Phone: () _____

Family Friend Other _____ E-mail address: _____

FAMILY INFORMATION

(Please print)

Are you married? Yes No If married, please indicate the name and phone number of your spouse

Name of Spouse: _____

Do you have children living in your household? Yes No If yes, please list the name(s) and age(s) below

Name:	Birth date	Name:	Birth date	Name:	Birth date	Name:	Birth date
_____	/ /	_____	/ /	_____	/ /	_____	/ /
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F	

If you have more children please indicate their names, date of birth, and gender on piece of paper and attach it to the form

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to person:	Home phone no.:	Work Phone no.:
_____	_____	()	()

The information collected on this form is for the sole use of the Oromo Community Association of GTA. Its content will not be shared with anyone else without the written authorization of the member.

Your Signature	Date	/ /	
Officer's Signature	Date	/ /	