



EIFFFPA

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Ethiopian Interest Free Finance Professionals Association

Membership Application Form

I. PERSONAL DETAIL

1. Name of the Applicant

1.1 For Individual Applicant:

First Name _____

Middle Name _____

Last Name _____

Gender: Female Male

Date of Birth (dd/mm/yr) _____

Marital Status: Married Single

Applicant's
Photograph

1.2 For Institution/Company Applicant:

Name of the Institution/Company _____

Date of Establishment _____

Contact Person: Name _____

Tele. _____ Email _____

2. Nationality: _____

II. ADDRESS OF THE APPLICANT

Region/City _____ Zone/Sub-city _____

Woreda _____ Kebele _____

House No. _____ P.O.Box _____

Tele. _____ Email _____

III. MEMBERSHIP

1. Type of Membership

Principal Associate Student

Institutional Honorary

2. Payment for Membership

Yearly

Lifetime

Honorary

IV. EMPLOMENT DETAIL

1. For Principal Applicant:

Industry: Bank Insurance MFI Other _____

Name of the Institution _____

Current Job Title _____

Total Years of work Experience _____

Total Years of Experience in IFF _____

2. For Associate Applicant:

Type of Employment: Self Employed Employer Employee

Occupation _____

Current Job Title _____

Total Years of work Experience _____

3. For Institution Applicant:

Industry: Bank Insurance MFI Other _____

IFF Service: Giving Not Giving Other _____

V. EDUCATIONAL BACKGROUND

1. Type of Academic Profession:

Accounting/Finance Economics Management

Law Engineering Other (Specify) _____

2. Level of Education:

Diploma Degree Masters PHD Other _____

I, the undersigned, hereby declare that the information given above is true to the level of my knowledge. By lodging this application I bind myself to the rules and regulations of the association. I also commit myself to fulfil any responsibilities that my membership may bring forward.

Name: _____ **Date:** _____ **Sign.** _____