

Amhara People's Civic Organization
9696 Skillman St. Suite 300
Dallas, TX 75243



Email: APCODFW@AmharaCivic.Org
APCODFW@Yahoo.com
Website: <https://amharacivic.org/>



Membership Form

First Name _____ MI. ___ Last Name _____ M ___ F ___ Birth Date _____

Spouse First Name _____ MI. ___ Last Name _____ M ___ F ___ Birth Date _____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ Email Address _____

Member Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Family Membership Information (Optional)

Dependent	Children's Names	M/F	Birth Date

Signature _____ Date: _____

Signature _____ Date: _____

Monthly Membership Fee \$25.00

Payment Methods

Credit Card: Card Number _____ Expiration MM/YY _____ CVO _____

Bank Account: Routing Number _____ Account Number: _____

Zelle #: 469-407-7584

Zelle Email: APCODFW@Yahoo.com

Type of Membership: Family _____

Individual _____

Join Date: _____

Payment Received: Y/N _____

አንድ አማራ ለሁሉም አማራ
ሁሉም አማራ ለአንድ አማራ