



2020 Individual Membership Application

Individuals with Medical Degree or license from an accredited University in Ethiopia are eligible for Corporate membership. New or former members can join/rejoin online at www.emewa.org.et/join.

Personal information

Prefix	First Name	Father's Name	Grand Father's Name
Current Address		Region	
City	Sub City	Woreda	H/No
P.O.BOX	Cell Phone	Email	
Alternative Email		Date of birth : Day	Month Year

Organization information

Organization name	Job title
organization Address	Region Please Select City
Sub - City	Woreda Postal code
Office phone	Office email
Organization web address	Organization type

Mailing preference: ☐ Home ☐ Office

Primary email: ☐ Home ☐ Office

Primary phone: Home ☐ Office ☐

Check to receive the digital version only of **EMeWA Newsletter**: ☐

Periodically, EMeWA will make its mailing lists available to companies in the health care industry. If you do not want your mailing address shared, please check here: ☐

Education information

Medical Degree	Date Received	Day	Month	Year	School
Residency/ Specialty Degree	Date to be received/ received	Day	Month	Year	School
Fellowship/ Sub - Specialty Degree	Date to be received / received	Day	Month	Year	School
MPH	Date to be received / received	Day	Month	Year	School
Other Degree	Date to be received / received	Day	Month	Year	School

License information (if applicable)

Health Bureau	Date Awarded	Expiration date	License number
Please provide your initial licensure information:	Health Bureau	Year	Month

Chapter information

EMeWA will have a chapter which will require membership at regional and national levels. We will assign your chapter by your personal or organization address. The list of chapters available will be announced on our website www.emewa.org.et.

Assign me to the local EMeWA chapter based on my: Home address **OR** Organization address

Code of ethics

EMeWA members agree to abide by the [EMeWA Bylaws](#), the [EMeWA Code of Ethics and Professional Conduct](#) and agree to the [Terms & Conditions](#) for membership.

☐ I agree to abide by the Code of Ethics stated in the EMeWA Bylaws and Terms & Conditions _____
please enter your full name sign here/e-sign Day Month Year



☐ New Member

☐ Former Member

EMeWA Member ID _____

Areas of Interests

- ☐ Women's Health
☐ Sexual and Reproductive
☐ Global health / Public
☐ Physician's wellbeing
☐ Leadership
☐ Health Quality Improvement and Hospital Administration
☐ Gender Based violence, Sexual Harassment and Gender Discrimination
☐ Maternal and Child Health
☐ Women's Rights
☐ CPD Development
☐ Research and Grant Writing
☐ Community Service
 Other _____

Activities to be involved in EMeWA

- ☐ Volunteering to give back to the community
☐ Donate for causes
☐ Networking Events
☐ Professional trainings
☐ Serve on standing committees
☐ Represent EMeWA on various events
☐ Organize chapter of EMeWA in your city (if you leave outside Addis Ababa)
 Other _____

Mentorship Interest

- ☐ Yes, I would like to be a mentor
☐ Yes, I would like to be a mentee
☐ No, I am not interested

Are you member of any Professional Association?

Ethiopian Medical Association (EMA)

Other _____

Membership Due

To determine your national and local dues amounts, please contact us via www.emewa.org.et or send us an email on emewa.org@gmail.com

	Joining between 1/1/20 - 31/12/20		Joining between 1/1/21 - 31/12/21		Joining between 1/1/22 - 31/12/22
Regional chapter dues	Free	Regional chapter dues	Not set	Regional chapter dues	Not Set
National dues	Free	National & International dues	800 ETB	National & International dues	Not Set
TOTAL DUES	None	TOTAL DUES	800 ETB	TOTAL DUES	-

Attachments and Payment

- Membership fee can be settled through our Commercial Bank of Ethiopia account **no. 1000268543647**. Please submit full payment of your dues before the end of the year. Dues are not a tax-deductible donation.
- Indicate how you will pay *Cash at the head office* *Deposit at Bank* *Mobile/Internet Banking*
- Please send the **slip of your deposit or screen shot of your transfer** and **one professional photograph** with a **copy of your Identification Card/ Passport** along with the form to our email at emewa.org@gmail.com.
- Membership Status will not be processed if all required documents are not attached. We will contact you once your membership ID is ready and You can collect your receipt from the head office/ via email.

For Office Use

Accepted for Corporate Membership ☐ Not Accepted for Corporate Membership ☐

Registration Date _____ REG.NO. _____

EMeWA Treasurer _____ Signature _____ Date _____

EMeWA Members Admin Chair _____ Signature _____ Date _____

Remarks _____