Community Membership Application

Please enroll me/us as a community member of the Eritrean Community, Civic, and Cultural Center in the following category.

Community Membership Type (check one)

Family / Couple (\$15 / month or \$180 / year)	Married and/or cohabitating adults and their children (less than 18 years old)
Individual / Single-parent Family (\$10 / month or \$120 / year)	Including persons 18+, w/o Family Membership, may include up to 2 children (less than 18 years old)
Student (\$5 / month or \$60 / year)	Including persons 18+ enrolled (with proof) at an accredited 2-4 year college (including technical programs), graduate or professional program

^{*} All memberships are valid until the end of the calendar year, are non-transferable, and <u>non-refundable</u>. Community Memberships are not tax-deductible.

Community Membership Type

Ac	lult Member Name 1				
	Given name		Father/Mother name	Grand- father/mother name	
Ac	lult Member Name 2 (if applical	ole)		
	Given name		Father/Mother name	Grand- father/mother name	
	Street Address			Unit / Apt.	
	City		State	Zip	
	Daytime telephone:				
		Email:			
Pay	ment Information				
	Check	Enclose check payable to: "Eritrean Community, Cultural, and Civic Center" (annual payments only)			
	Credit Card	I accept recurring payments with the following credit card information, □ Visa □ Mastercard □ American Express □ Discover			
	Cardholder Name:				
	Credit Card Number:			Evn Date: /	

Complete and mail this form to the ECCCC:

Eritrean Community, Cultural, and Civic Center 955 W. Grand Ave.
Oakland, CA 94607