



HAILE SELASSIE I HARAR MILITARY ACADEMY  
Alumni Association Inc.

### New Member Registration Form

Please fill out this form and mail it to HMAHAA including a check or money order for a registration fee.

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GC # \_\_\_\_\_ Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Profession: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

#### **Family members**

Spouse: \_\_\_\_\_ Children 3 : \_\_\_\_\_

Children 1: \_\_\_\_\_ Children 4: \_\_\_\_\_

Children 2: \_\_\_\_\_ Children 5: \_\_\_\_\_

Other: \_\_\_\_\_

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Please register me with HMAHAA using the information I filled out on this form.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Today's Date: \_\_\_\_\_