



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.

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: _____

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

Name: _____ Rank: _____ Today's Date: _____