



YE SEIFE GIORGIS METASEBIA EDIR SOCIETY

PRIOR TO REGISTERING, PLEASE READ THIS IMPORTANT INFORMATION:

For those who wish to be a registered member of Ye Seife Giorgis Metasebia Edir Society must read and understand the expectations and guidelines prior to joining this non-profit organization. By signing below in a sound mind; you fully understand and agree to adhere to our by-law and that your participation with this organization is completely voluntary.

- ▶ Ye Seife Giorgis Metasebia Edir Society is a non-profit organization designed and created to help its members during a time of grief when a family member has passed away.
- ▶ In order to be a registered member of Ye Seife Giorgis Metasebia Edir, you must be a Canadian Citizen or a Permanent Resident of Canada. In addition, you must be a resident of Calgary, Alberta.
- ▶ Your membership is only officially activated once you complete this application form and pay the required registration fees.
- ▶ To complete your registration, you must choose one of the two options:

FAMILY PLAN- \$625CDN

The family plan is described as a Husband, Wife, and Children under the age of 25 who all live under the same household in Calgary, Alberta.

SINGLE PARENT PLAN - \$625 CDN

A single mother or father who has children is also qualified to be registered along with their children under the *Family Plan*. All the requirements and benefits will apply under this category.

INDIVIDUAL PLAN \$437.50 CDN

A single plan is considered a single individual who fulfills the requirements and has paid the fee stated above. He/she does not have any additional family members or dependents who are designated as a beneficiary under this plan

- ▶ All registered members of Ye Seife Giorgis Metasebia Edir Society are expected to pay an annual membership fee of **\$300CDN** (equivalent to **\$25** per month) between January 1st to 31st of each calendar year. Any payments after January 31 will result in a \$100 penalty in addition to the required annual fee of **\$300** CDN.
- ▶ If a registered member has not made an annual payment before or on January 31st of any calendar year; he or she will be given an opportunity to rectify this within a 60-day grace period (the \$100 penalty still applies). If you surpass the 60-day grace period after January 31st of that calendar year; your membership will automatically be terminated without further notice. Once a membership is officially terminated; the benefits of being an active members is completely revoked.
- ▶ Your membership is only active 3 months from the date of registration. A 3-month waiting period will be applied for all new applicants. Note: during the 3-month waiting period, **no** death benefits will be issued.

► In order to qualify as a dependent(s) under the *Family Plan*, your dependent(s) must be under the age of 25 and reside under the same address as the primary applicant.

BENEFICIARY:

► A beneficiary is an individual appointed by the primary applicant, and is listed in this application under *Beneficiary Designation*. You must include the full legal name of your beneficiary and include their phone number.

► In the event that a registered member is deceased, the beneficiary will be contacted. A detailed investigation will be completed prior to issuing a death benefit payment.

► Following our by-law, if a beneficiary is not designated, a death benefit payment will not be issued to any of the dependent(s) listed in your application. Instead, all benefits will be directed to the registered member's *estate*.

DEATH BENEFIT:

► When a registered member loses a family member; a one-time payment of **\$25,000** CDN will be issued per death. For further information, review the by-law.

► The death benefit payment will only be issued according to the by-law of Ye Seife Giorgis Metasebia Edir Society.

► In order to receive the death benefit payment; the registered member must fulfill the following:

* The funeral is to be held in Calgary, Alberta.

* The deceased is being sent to Ethiopia for final resting place.

► If a registered member is moving out of the province and will be exceeding 6 months, the membership will be terminated. The registered member, and their dependent(s) must be a resident of Calgary, Alberta continuously in order to qualify for the death benefit payment.

► If a registered member requests for a death benefit payment; Ye Seife Giorgis Metasebia Edir will require a Proof of Death, the deceased identification documents, the dependent(s) active enrolment in their respective field of studies, and other documents that are not limited to what is mentioned.

► If a registered member's family member passes away outside of Calgary, Alberta; a death benefit payment will not be issued unless they are enlisted as dependents in your application and the registered member has fulfilled the expectations of our by-law. *Example: if a family member in Ethiopia passes away; you will not receive the death benefit payment as they were not residents of Calgary, Alberta and were not listed under your dependent(s).*

The above mentioned information is a brief summary of some of the expectations and guidelines under our by-law. For more clarification, please review the by-laws of Ye Seife Giorgis Metasebia Edir Society.

By signing below, I, _____, have read and fully understand the above-mentioned information. I agree to fully adhere to the guidelines and expectations under the by-law of Ye Seife Giorgis Metasebia Edir Society.

Applicant's Full Name (Please Print)

Date

Applicant's Signature



Member ID #: _____

YE SEIFE GIORGIS METASEBIA EDIR SOCIETY - APPLICATION FORM

Full Name				
	First		Middle	Last
Date of Birth				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Month	Day	Year	

CONTACT INFORMATION:

Mailing Address				
City	Calgary	Province	Alberta	Postal Code
Telephone #	Home:		Mobile:	
Email				

SPOUSE INFORMATION:

MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law
First Name			
Middle Name			
Last Name			

Dependents: (Under the age of 25)

	First and Last Name	D.O.B.	Sex	
1			<input type="checkbox"/> Male	<input type="checkbox"/> Female
2			<input type="checkbox"/> Male	<input type="checkbox"/> Female
3			<input type="checkbox"/> Male	<input type="checkbox"/> Female
4			<input type="checkbox"/> Male	<input type="checkbox"/> Female
5			<input type="checkbox"/> Male	<input type="checkbox"/> Female
6			<input type="checkbox"/> Male	<input type="checkbox"/> Female

*** If your need additional space for your dependent(s), please complete a separate form ***

BENEFICIARY DESIGNATION

First Name	
Middle Name	
Last Name	
Phone Number	

BENEFICIARY DESIGNATION

First Name	
Middle Name	
Last Name	
Phone Number	

BENEFICIARY DESIGNATION

First Name	
Middle Name	
Last Name	
Phone Number	

Please check **ONE** of the options below below:

Family Plan: Includes spouse, dependent(s) under the age of 25.

Single Parent: Includes a single mother or father with dependents under the age of 25 and reside under the same household.

Individual Plan: A individual with no dependents.

All payments sent via eTransfer to:

seifegiorgis@gmail.com

If you prefer to make the payment at the bank:

Bank: TD Bank
Transit Number: 81819
Account Number: 5277789

***** Please write your full name and phone number on the receipt and send a picture of the receipt to any one of the phone numbers listed below in order to complete your payment.**

If you or someone else is making the payment(s) in your behalf; the payment must include the full name and phone number of the registering member in the message box if you are making the payment via eTransfer ***

If you require any clarification, please contact one of the following individuals:

Belay Tesfaye Wolde +1 (403) 903-1206
Girum Duki +1 (587) 718 2929
Meron Malede +1 (587) 707 6129



I hereby apply for membership and agree to fully adhere to the by-law of Ye Seife Giorgis Metasebia Edir as stated therein. As a member, I fully agree to abide by the rules and obligations of the Ye Seife Giorgis Metasebia Edir in Calgary, Alberta. I also certify that the information provided herein is true and correct.

Applicant's Name (Please Print)

Date

Applicant's Signature

Office use only

Approved by

Date

Signature