

For Office Use Only

ENA ID: _____



Ethiopian Nurses Association Membership Registration Form

**Attach
Photograph
Here**

PERSONAL INFORMATION

First Name: _____

Father's Name: _____

Grandfather's Name: _____

Gender:

- Female
 Male

Date of Birth: (mm/dd/yyyy) (G.C.)

Place of Birth:

- Addis Ababa
 Amhara
 Afar
 Benshangul-Gumz
 Dire Dawa
 Gambella
 Harari

- Oromia
 SNNPR
 Somali
 Tigray

Spoken Languages:

- Amharic
 Oromepha
 Tigrigna
 Guragigna
 English
 Other: (specify)

Marital Status:

- Married
 Single

Number of Children: _____

CONTACT INFORMATION

Home Telephone: _____ Mobile: _____

Email: _____

EDUCATIONAL INFORMATION

Level of Nursing Education:

- Post-Doctorate (PhD)
 Masters (MSc)
 Bachelors (BSc)
 Diploma
 Nursing Student
 Other: (specify)

Name of Institution:

Type of Institution:

- Government
 Private
 Both

WORK INFORMATION

Workplace Name: _____

P.O Box: _____

Telephone: _____

Position:

- Matron
- Head Nurse
- Staff Nurse
- Other: (specify)

Specialty: _____**Monthly Salary:** _____ (Birr)**Years of Service:**

- Less than 5
- 5 to 10
- 11 to 20
- 21 to 30
- More than 30

Are you registered with the Ministry of Health?

- Yes
- No

ENA MEMBERSHIP INFORMATION**Branch:** (check one)

- Addis Ababa
- Afar
- Amhara
- Benshangul-Gumuz
- Addis Ababa University
- Defense Health Science College
- Dessie
- Dire Dawa
- Gambella
- Gonder University

- Harari
- Hawassa University
- Jimma University
- Oromia
- Somali
- Tigray
- Woliso Saint Luke
- Other: (specify)

Type of Membership: (check one)

- New Member (46 ETB)
- Associate/Student (Free)
- Honorary

- Expatriate Nurse (10 USD)
 - Renewal (36 ETB)
- ENA ID: _____

Date of Last ENA Payment: _____ (mm/dd/yyyy) (G.C.)**Signature of Registrant****Date** (mm/dd/yyyy) (G.C.)

ENA Contact Information:
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Yehualawork Building, Office No. 31
Addis Ababa, Ethiopia
Tel: 251-465-5436
Fax: 251-465-5501
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