

Oromo Studies Association (OSA)
Membership Application Form

DATE: _____

NEW _____ or RENEWAL: _____

NAME: _____ JOINT MEMBER _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____

ZIP (postal) CODE: _____

COUNTRY: _____

Tel. #: _____ Email: _____

INSTITUTIONAL AFFILIATION: _____

DISCIPLINE (AREA OF INTEREST) _____

ANNUAL MEMBERSHIP FEE: REGULAR: \$75 or STUDENT: \$25.

ADDITIONAL CONTRIBUTION \$ _____

TOTAL MAILED: \$ _____

NOTE: Members receive one issue of JOS and regular OSA newsletter free.

Send your completed form with your check or money order to:

Redwan Hamza
OSA treasurer
P.O. Box 32391
Fridley, MN 55432
(USA)