



Membership Form

Voice of Eritrea

Washington, DC
Radio Program

Name	
Address	
City	
State	
ZIP Code	
Telephone	
E-Mail	

Are you a New VOE member? (Please circle one) Yes No

VOE Annual membership (\$60.00): _____

Donations if any: \$ _____

Total Enclosed: \$ _____

Please make checks payable to: **Voice of Eritrea**

and send to: Voice of Eritrea

PO Box 3543

Silver Spring, MD 20918

Thank you.



www.voiceoferitrea.com



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