



The B.C. Muslim Association
MEMBERSHIP APPLICATION FORM

BRANCH

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY

POSTAL CODE

TELEPHONE

EMAIL (Mandatory)

OVER 65 YRS: _____ FULL TIME STUDENT: _____ OTHER: _____ BONA FIDE RESIDENT OF B.C. (YES/NO): _____

GENDER: MALE _____ FEMALE _____

I HEREBY DECLARE THAT I AM A SUNNI MUSLIM AND ASSURE THAT I SHALL HONOR, UPHOLD AND ADHERE TO THE CONSTITUTION, BY-LAWS AND GUIDELINES OF THE B.C. MUSLIM ASSOCIATION. I ALSO AUTHORIZE BCMA TO COMMUNICATE WITH ME ELECTRONICALLY.

APPLICANT'S SIGNATURE

DATE

PLACE

NOMINATORS:

WE, THE MEMBERS IN GOOD STANDING RESIDING IN THE APPLICANT'S BRANCH/CHAPTER AREA HEREBY WITNESS THE APPLICATION OF THE NEW MEMBER:

1. _____ | _____ | _____ | _____

2. _____ | _____ | _____ | _____
PRINT NAME MEMBER NUMBER SIGNATURE TELEPHONE

FOR OFFICE USE ONLY

MEMBERSHIP FEES : \$50.00 FOR 5 YEARS
FULL TIME STUDENTS or SENIORS: \$25.00 FOR 5 YEARS

FEES COLLECTED : \$ _____ RECEIPT NUMBER: _____ DATE: _____

BRANCH/CHAPTER APPROVAL DATE: _____

SIGNATURE AND MEMBER # OF BRANCH/CHAPTER CHAIRPERSON: _____ DATE: _____

MEMBERSHIP PERIOD FROM 20 _____ TO 20 _____ CARD NUMBER: _____