



The B.C. Muslim Association MEMBERSHIP APPLICATION FORM

BRANCH/CHAPTER

APPLICANT'S DATA:

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY

POSTAL CODE TELEPHONE EMAIL

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

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

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. _____

NAME SIGNATURE TELEPHONE

FOR OFFICE USE ONLY

**MEMBERSHIP FEES : \$30.00 FOR 3 YEARS (1 YEAR \$20.00)
FULL TIME STUDENTS & SENIORS: \$15.00 FOR 3 YEARS (1 YEAR \$10.00)**

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

MEMBERSHIP DIRECTOR'S SIGNATURE: _____ DATE: _____

BRANCH/CHAPTER APPROVAL DATE: _____

SIGNATURE OF BRANCH/CHAPTER CHAIRPERSON: _____ DATE: _____

DATE SUBMITTED TO MEMBERSHIP COMMITTEE: _____

SIGNATURE OF MEMBERSHIP COMMITTEE: _____ DATE: _____

MEMBERSHIP PERIOD FROM 20 _____ TO 20 _____

CARD NUMBER: _____