



The B C Muslim Association
MEMBERSHIP RENEWAL FORM

BRANCH / CHAPTER _____

FIRST NAME: _____ LAST NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: (home) _____ (email) _____

16 or OVER: _____ 65 or OVER: _____ FULL TIME STUDENT: _____

OLD ADDRESS/ PHONE NO (if applicable):

I HEREBY CERTIFY THAT ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE: _____ DATE: _____

MEMBERSHIP FEES ARE \$30 FOR 3 YEARS (1 YEAR \$20.00)
FULL TIME STUDENTS & SENIORS: \$15 FOR 3 YEARS (1 YEAR \$10.00)

FOR OFFICE USE ONLY:

AMOUNT RECEIVED: \$ _____ RECEIPT NUMBER: _____

DATE RECEIPT ISSUED: _____ DATE DEPOSITED: _____

BRANCH DIRECTORS SIGNATURE: _____ DATE: _____

CARD NUMBER: _____ ISSUED BY: _____ DATE: _____

MEMBERSHIP PERIOD: FROM 20 TO: 20