



The B C Muslim Association

MEMBERSHIP RENEWAL FORM

Note: You may also renew your membership online:
<http://www.thebcma.com/paypal/membership.html>

Branch: _____ Member Number: _____

(Note: All renewals require a member number. Email member@thebcma.com if you cannot locate your member number).

FIRST AND MIDDLE NAME: _____ LAST NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL (mandatory): _____

Over 65 yrs.: _____ Full Time Student: _____ Other: _____ GENDER: Male ___ Female ___

- I HEREBY AUTHORIZE BCMA TO COMMUNICATE WITH ME ELECTRONICALLY.
- I HEREBY CERTIFY THAT ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____ MEMBER # _____ DATE: _____

MEMBERSHIP FEES \$50 FOR 5 YEARS
FULL TIME STUDENTS or SENIORS: \$25 FOR 5 YEARS

FOR OFFICE USE ONLY

AMOUNT RECEIVED \$ _____ RECEIPT NUMBER: _____

DATE RECEIPT ISSUED: _____ DATE DEPOSITED: _____

SIGNATURE AND MEMBER NUMBER OF BRANCH DIRECTOR _____ DATE: _____

PERIOD: FROM 20 TO: 20 ISSUED BY: _____ DATE: _____