



# 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](mailto: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: \_\_\_\_\_