



# 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

MEMBERSHIP FEES : \$30.00 FOR 2 YEARS OR \$20.00 FOR 1 YEAR.  
FULL TIME STUDENTS & SENIORS: \$15.00 FOR 2 YEARS OR \$10.00 FOR 1 YEAR

### FOR OFFICE USE ONLY

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: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

SIGNATURE OF MEMBERSHIP COMMITTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_