

01 - Your Information		
Last Name:		First Name:
Email address:		Telephone (Home):
Address:		Telephone (Cellular):
City:	Postal Code:	Province:

02 - Spouse's Information	
Last Name:	First Name:
Email address:	Telephone (Cellular):

Dependent's must be under 18 years of age and reside with either parent. They are not eligible to participate in elections.

03 - Dependent's Information		Office Use
Name:	Date of Birth:	

04 - Dependent's Information		Office Use
Name:	Date of Birth:	

05 - Dependent's Information - Please list additional dependent's on the back of this form.		Office Use
Name:	Date of Birth:	

Single Membership: Initial Donation: \$200 Yearly Donation: \$300 (Jan to Dec)
 Family Membership (husband & wife): Initial Donation: \$400 Yearly Donation: \$500 (Jan to Dec)

Applicants Signature:	Date:
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Make donations payable to "Islamic Centre of Cambridge"

<input type="checkbox"/> Single Member	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input checked="" type="checkbox"/> Pre- Authorized
<input type="checkbox"/> Family (Husband&Wife)			

Office Use Only:		
	Status:	Membership Reference Number:
	<input type="checkbox"/> New Membership <input type="checkbox"/> Re-new Membership	
Signature (Chairman or Vice Chairman representing board decision):	Date:	Payment/Status: