



# MEMBERSHIP FORM

| 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): |

| 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 dependents on the back of this form. |                | Office Use |
|--|----------------|------------|
| Name:  | Date of Birth: |            |

\* Dependents must be under 18 years of age and reside with either parent. They are not eligible to participate in elections.

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: |
|-----------------------|-------|

Make donations payable to "Islamic Centre of Cambridge"

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

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