1550 Dunbar Road Cambridge, ON N1R 8J5 | Tel: (519) 740-6855 | www.iccambridge.com | info@iccambridge.com



ENTRE MEMBERSHIP FORM

01 - Your Information							
Last Name:			First Name:				
Email address:			Telephone (Home):				
Address:			Telephone (Cellular):				
Address.			releptione (Genular).				
City: Postal Code:			Province:				
ony.							
02 - Spouse's Information Last Name: First Name:							
Last name:			FIRST Name:	irst Name:			
Email address: Te			elephone (Cellular):				
Email dadress.	relephone (Gendiar).	neprione (Gendar).					
03 - Dependent's Information Name:				Date of Birth:		Office Use	
runo.				Date of Birtii.			
04 - Dependent's Information				l n		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							
Single Membership: Initial Donation: \$200 Yearly Donation: \$300 (Jan to Dec) Family Membership (husband & wife): Initial Donation: \$400 Yearly Donation: \$500 (Jan to Dec)							
					แอก. จอบบ (Jan	to Dec)	
Applicants Signature:					Date:		
Make donations payable to "Islamic Centre of Cambridge"							
☐ Single Member	□ Cas	sh	☐ Cheque	☐ Cheque		☐ Pre- Authorized	
☐ Family (Husband&Wife)							
- I diliny (Hasbaria avviic)							
Office Use Only:							
Office use Offiy.			Status:	Status:		Membership Reference Number:	
			☐ New Member	New Membership			
			□ Po-now Mom	Re-new Membership			
Signature (Chairman or Vice Chairman representing board decision):				-		Payment/Status:	
Signature (Chairman or vice Chairman representing board decision):			Date.	Date:		rayment/status:	