

BAB UL HAWAIJ ISLAMIC CENTRE

1893 BONHILL ROAD  
MISSISSAUGA, ONTARIO,  
L5T 1C1 CANADA

**MEMBERSHIP APPLICATION FORM**

**Date:** .....

**Name: Mr/Mrs/Miss** .....  
**Address:** .....  
**City:** .....  
**Postal Code:** .....  
**Email Address:** .....

**Telephone Home:** .....  
**Telephone Cell:** .....

**Membership Status:** Single / Family

**Family Information**

**Spouse Name:** .....

**Children Information:** (Under18 years/under 26 if recognized as student.)

- 1. Name: ..... Date of Birth: ..... Son / Daughter
- 2. Name: ..... Date of Birth: ..... Son / Daughter
- 3. Name: ..... Date of Birth: ..... Son / Daughter
- 4. Name: ..... Date of Birth: ..... Son / Daughter

**Monthly Pledge:**

I pledge to contribute an amount for every month to facilitate smooth functioning of Bab Ul Hawajj Islamic Centre.

\$200                      \$100                      \$50                      \$25                      Other: \$.....

Pledge effective as of: .....

***Enter the following information in regards to your account or provide a void cheque:***

Bank Name & Number .....  
Transit Number .....  
Account Number .....  
Please make cheque payable to Bab Ul Hawajj Islamic Centre.

I give my consent to use my telephone and adder in BHIC directory                      Yes / No

Signature: .....