

BAB UL HAWAJJ 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 address in BHIC directory Yes / No

Signature: