

In the Name of Allah, the Most Beneficial, the Most Merciful
Muslim Society of Waterloo and Wellington Counties
Membership Application Form

201907-42

<input type="checkbox"/> Associate Member	<input type="checkbox"/> I am a Sunni Muslim	ID _____
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Family Name: _____ First Name: _____ Date of Birth: _____
Street Address: _____ Apt #: _____
City: _____ Province: _____ Postal Code: _____
Currently Residing In: Regional Municipality of Waterloo County of Wellington
Home Phone: _____ Business/Cell Phone: _____
Email: _____
 Canadian Citizen Landed Immigrant, indicate Original Nationality _____
(Please include proof of citizenship or landed immigrant status)

Declaration

I sincerely and solemnly declare that the above information is complete and true to the best of my knowledge and I agree to abide by the constitution, rules and by-laws. I further declare that I am Sunni Muslim and **fully committed to the objectives and purposes of the society** and I shall be committed to work with other members in harmony to achieve the society's objectives and purposes.

I agree to accept the decision of the majority and agree to refrain from any and all activities which have a detrimental effect on the society or its members. I also acknowledge that membership in the society is a privilege and can be revoked by the society board at anytime by majority vote should any action or activities be detrimental on the society or its members or I contravene the society's bylaws.

Date: _____ Signature: _____

Notes:

1. Please attach a non-refundable initiation fee of \$10.00
2. Please attach a proof of identification (e.g. copy of driver's licence)
3. Please attach a proof of residence (e.g. utility bill, cable bill, etc)
4. Membership will start upon approval of the board and payment of the annual dues
5. An associate member is eligible to apply for full membership after 2 years and if the board determines that the member has contributed to the running of the society through either volunteering or financially

FOR OFFICE USE ONLY	
Date Received: _____	Date Processed: _____
Signature of Officer: _____	Date: _____
Signature of President: _____	Date: _____
Date of Notification to Applicant: _____	