

Al-Ghadeer Islamic Association of Calgary

MEMBERSHIP APPLICATION FORM

Please check one of the boxes for the type of membership you are applying for:

Family

Individual

Student

Please make sure ALL the information is complete and accurate

Applicant *

Spouse Name * (For Family Membership):

Name and Ages of Children under 18 (For Family Membership):

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Address * (including city and postal code)

.....
.....

Home Phone: Cell * :

Email * :
الإسلامية مؤسست

Occupation

Signatures: Date:

<u>2015 Fee Schedule</u>	
Family:	\$600
Individual:	\$400
Student:	\$200

For Office Use Only Recommended	
By:
EC Member Name:	Initials:
Approved By:	Initials:
Dues Paid \$	(CSH / CHK / DD / Pay Paul) Date