

MUSLIM ASSOCIATION OF NEWFOUNDLAND AND LABRADOR
 430 Logy Bay Road, St. John's, NL, Canada A1A 5C6
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IN THE NAME OF ALLAH, THE MOST MERCIFUL, THE MOST COMPASSIONATE

MEMBERSHIP FORM

(PLEASE PROVIDE COMPLETE INFORMATION ON ALL FAMILY MEMBERS WHO ARE RESIDENTS OF NEWFOUNDLAND AND LABRADOR)

HEAD OF THE FAMILY

| | | |
|---------------------------|---------------|-------------|
| Surname | Given Name(s) | |
| Home Address (Mail To: ") | City | Postal Code |
| Work Address (Mail To: ") | City | Postal Code |
| Telephone: (H) | (W) | (M) |
| E-mail: | | |

SPOUSE

| | | |
|----------------|---------------|-------------|
| Surname | Given Name(s) | |
| Work Address | City | Postal Code |
| Telephone: (W) | (M) | |
| E-mail: | | |

DEPENDENT CHILDREN (attach separate sheet if necessary)

| Name | Date of Birth (D/M/Y) | Academic Level |
|------|-----------------------|----------------|
| | | |
| | | |
| | | |

OTHER FAMILY MEMBERS (attach separate sheet if necessary)

| Name | Date of Birth (D/M/Y) | Occupation |
|------|-----------------------|------------|
| | | |
| | | |

| | Amount Enclosed | Amount Pledged |
|---------------------------------|-----------------|----------------|
| Membership Dues | \$ | \$ |
| Zakat-ul-Fitr (\$10 per person) | \$ | \$ |
| Zakat Fund | \$ | \$ |
| Mosque Fund/Donations | \$ | \$ |
| Other (please specify) | \$ | \$ |

Note: All donations except membership dues are income tax deductible. Receipts for income tax purposes will be provided at the end of the calendar year.

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