

SHIANE HAIDERY ISLAMIC ASSOCIATION INC. L'ASSOCIATION ISLAMIQUE SHIANE HAIRDERY INC. 2174 Belgrave Ave. Montreal, Quebec, Canada H4A 2L8 Tel: 514-483-1273 Ext. 221 Fax: 514-483-0167

| | | | Member | ship Applic | ation Form | | | | |
|--|--|-------------|----------------------|--------------|-------------------------|-----------------|-------------|--------------------------|-----------|
| Full name | | | | | | | DOB | | |
| | Last | | First | | | Middle | _ | MM/DD/YYY | |
| (Applicant mus | st be 18 years of age or over) | | | | | | | | |
| Father's name (| (if applicable): | | | | | | | | |
| Spouse's name | (if applicable): | | | | | | | | |
| Address: | | | | | | | | | |
| Street Address | | | | | Apartment/Unit # | | | | |
| | | | | | | | | | |
| | City | | | | | Province | | Postal Code | |
| Phone No: | | | | Email | | | | | |
| Fax No | | | | | | | | | |
| | | | | | | | | | |
| Are you Indo-Pak Origin? | | YES | NO | | | | | | |
| Are you of 18 years of age or over? | | YES | NO | | | | | | |
| Are you a Resid | dent of Quebec? | YES | NO | | | | | | |
| List of children: (if applicable) | | | | | Since when? | | | | |
| | | | | | | | | | |
| Foos applied: | Ganaral Mambarshin \$200 La | edios \$125 | Students \$100 | * Soniore | £400* | | | | |
| Fees applied: General Membership \$300, L Payment Enclosed (Cash) \$ | | (Cheque) \$ | | | (Credit Card) \$ | | | (Interact) \$ | |
| rayment Enclo | (Casil) \$ | | (Crieque) \$ | | (Credit Card) \$ | | | (interact) \$ | |
| Disclaimer and | l Signature | | | | | | | | |
| I hereby confirm | for the membership of Shiane H n that I am a follower of the Shia | a Ithna Ash | neri Jafaria faith c | of Islam | | | | | . 0. 11.4 |
| Inc. | by the rules and regulation as | | | - | • | | | _ | |
| automatically. | nat if I ever renounce the Shia | i Ithna Ash | neri Jatari Faith | of Islam the | en my membership will l | <u>be immed</u> | iately null | and void and will be can | cellea |
| Signature of Ap | plicant: | | | | Date | Dated: | | | |
| ID Presented (a | any 2): Citizenship Card | | Medical Card | | Quebec Drivers' Permit | | | | |
| Proposed by**: | | _ | | | | | | | |
| Seconded by**: | | | | | | | | | |
| Received by: | | _Approved | by President: | | | | | | |
| Membership Nu | umber | | | | | | | | |

^{*} Documentary proof of status will be required to qualify for reduced membership fees

^{**} New members must be proposed and seconded by members who have been members of SHIA for at least 24 months immediately preceding the date of the application and in good standing and who are not the Members of the Executive Committee, Board of Directors, Board of Governors or Board of Trustees