

Please make sure ALL the information is complete and accurate

Recommended By:

• We would expect to know you in person

2024 Fee Schedule

Individual: \$175

\$350

\$100

\$150

Family:

Student:

Senior:

• You are required to provide references of 3 active members. If you do not have that information, please contact a member of the executive committee

(	contact a member of	the executive committee	2.		
Please	check one of the	e boxes for the typ	e of membership	you are ap	plying for:
	Family	Individual	Student	Sen	ior
Applica	nt:				
Spouse	<del>)</del> :				
Name a	and Ages of Child	ren Under 18 (For F	amily Membership	):	
1.			2.		
3.			4.		
Addres	SS:				
City		Province	Postal Code		
Home Phone:			Cell Phone:		
Email:					
Occup	ation:				
Muslim voceriod of	with Fiqah-e-Jafaria f two consecutive y	a ideology of practices	s, who has been in g must be nominated	good standing by 3 Active N	ber, is a Shia Ithna-Ashar g (in dues) for a minimum dembers. <b>Please provide</b>
ACTIVE MEMBER NAME		PHONE NUMBER		MEMBERSHIP #	
<b>★</b> Manda	atory Fields				
	Sig	natures:		Da	ate:
For Office Use Only					

EC Member Name: ...... Initials: ...... Initials:

Approved By: ...... Initials: ......

Dues Paid \$ ...... (CSH / CHK / DD / Pay Pal) Date .....