The Council of Islamic Guidance Inc.

BAYTUL QAIM ISLAMIC CENTRE

7895 Tranmere Drive, Unit 7 & 8, Mississauga, Ontario, L5S 1V9, Canada

Tel.: (905) 908-1976 Website: www.cig.ca Email: bqec@cig.ca

MEMBERSHIP APPLICATION FORM

I hereby apply for the membership of The Council of Islamic Guidance Inc. (CIG). I agree to comply with the rules and regulations as authored in the CIG's Constitution and any amendment that may be made from time to time.

Name: Mr./Mrs./Miss ……..... D. of Birth: ……...……..

Address: ……..…….……..…
Street City Province Postal Code

Telephone: Home: ……..…..… Cell: ……..…….……... Business: .....

Fax: ……..… Email: …….……

Membership Status: **Family** / **Single**

If Family, kindly fill in the particulars of family members:

Name of Spouse: ……..... D. of Birth: …….……..……..…..

Email: ……..... Cell No.: ……...…

Children: (under 18 years / under 25 years if full time student)

1. Name: …….., D. of Birth: …… , Son/Daughter
2. Name: …….……., D. of Birth: ……..….. , Son/Daughter
3. Name: …….…., D. of Birth: ……..... , Son/Daughter
4. Name: …….., D. of Birth: ……..... , Son/Daughter
5. Name: …….., D. of Birth: ……..... , Son/Daughter

Amount Enclosed:

Membership	$.....	*(Annual Rates: Family $144/- Single/Parent/Senior $ 72/-)*
Burial Plan	$.....….	*(First Time $ 250/-, then $ 150/-every year before end of January)*
Building Fund	$.....	
Khums (Specify)	$.....	
Other (Specify)	$.....	
Total Amount	**$**.....	Cheque No.: …….……...

Payable to "The Council of Islamic Guidance Inc."

By signing this Form I/we expressly agree to the use, collection, disclosure and publication of the information provided herein by The Council of Islamic Guidance Inc. (CIG) to generally further the aims and objectives of the CIG including but not limited to the use by Sub-Committees and Special Committees of the CIG.

Signature of Spouse: ……..……Date: ……

Signature: ……..……..……Date: ……

Witness

We as bonafide members of The Council of Islamic Guidance Inc., hereby testify that the above applicant is known to us as a Shia Ithna-Asheri Muslim.

Witness 1: Name …….. Signature: ……..…….

Witness 2: Name …….. Signature: ……..…….

For Office Use Only

Membership Approved / Not Approved Date: ……..… Membership No.: ……...……...…..