

The Council of Islamic Guidance Inc.
AL-MAHDI ISLAMIC CENTRE
510 Concession 3 Road, Pickering, Ontario, L1X 2R4, Canada
Tel.:(905) 837-1572 Website: www.cig.ca E-mail: ec@cig.ca

Members Data Update Form

Name: _____ **Date of Birth** _____
First Name Middle Name Last Name yyyy/mo/dd

Spouse Name: _____ **Date of Birth** _____
First Name Middle Name Last Name yyyy/mo/dd

Children:

<u>S. No.</u>	<u>Name</u>	<u>M/F</u>	<u>Date of Birth</u>
1.	_____	_____	_____ yyyy/mo/dd
2.	_____	_____	_____ yyyy/mo/dd
3.	_____	_____	_____ yyyy/mo/dd
4.	_____	_____	_____ yyyy/mo/dd
5.	_____	_____	_____ yyyy/mo/dd

Address: _____
Street Address

_____ City _____ Postal Code

Telephone No.: _____ **Fax No.:** _____ **Cell No.:** _____

Email: _____

Email of Spouse: _____ **Cell No.:** _____

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

