

The Council of Islamic Guidance Inc.
BAYTUL QAIM ISLAMIC CENTRE
 7895 Tranmere Drive, Unit 7 & 8, Mississauga, Ontario, L5S 1V9, Canada
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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.	_____	_____	_____ <small>yyyy/mo/dd</small>
2.	_____	_____	_____ <small>yyyy/mo/dd</small>
3.	_____	_____	_____ <small>yyyy/mo/dd</small>
4.	_____	_____	_____ <small>yyyy/mo/dd</small>
5.	_____	_____	_____ <small>yyyy/mo/dd</small>

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

