

London Muslim Mosque

Membership Application

Type of membership (please check only one)

Individual Family

Adult Applicants (18 years and older)

	First Name	Last Name	M	F	Occupation	add name to volunteers list
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Dependents (17 years old and younger)

Please note this information is optional but providing it is greatly appreciated and encouraged as it will greatly help the Mosque during planning and when deciding on the services and activities to be provided.

	First Name	Last Name	M	F	Year of Birth	add name to volunteers list
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
	First Name	Last Name	M	F	Year of Birth	

Mailing information

Please send all correspondence via email.

First email address _____

Second email address _____

Primary Phone Number _____

Secondary Phone Number _____

Street number

Unit. #

City

Postal Code

London, ON

This information you provided on the application is required to determine your eligibility for membership and to assist the board of directors in providing programs and benefits to members. The information will be retained in the membership record identified in the Mosque constitution. Use and disclosure of this inform will be done according to the Mosque Privacy Policy. Under the Personal Information Protection and Electronic Documents Act ("PIPEDA") and the Access to Information Act, individuals have the right to protection of, access to, and correction of their personal information. Details of these matters are available by reviewing the Mosque Privacy Policy at www.londonmosque.ca or by requesting a hard copy from the mosque secretary. By signing this form I (we) give consent to the Mosque to use and disclose the information strictly for the aforementioned purposes.

I (we) have read and understood the constitution of the London Muslim Mosque and agree to abide by it.

Signature

First applicant

Second applicant

Date

Please Note:

- *Membership fees will be considered as donations and donation receipt will be provided at the end of each year*

Membership Fees

Family Membership Fees: \$240 annually

Individual membership Fees: \$120 annually

Payment Arrangement (Please check one)

- One Payment (please attach cheque)
- Automatic Withdrawal (please attach void cheque)
- Credit Card payment (VISA & Master Card only)

Please call me for Credit Card Information at _____

- I am (we are) requesting an exemption from paying the full membership fees to you for the following reasons:

I (we) understand that this exemption is for this year only and that I (we) have to apply again if another exemption is needed.

Signatures

First applicant

Second applicant

Date
