

IN THE NAME OF ALLAH, THE BENEFICENT, THE MERCIFUL
ISLAMIC SHIA ITHNA-ASHERI ASSOCIATION OF OTTAWA
(NATIONAL CAPITAL REGION) CANADA

3856 Richmond Road, Nepean, Ontario K2H 5C4 Tel: (613) 829-6931 Fax: (613) 260-1279
Web Site: isia-ottawa.com E-Mail: isiaottawa@hotmail.com

MEMBERSHIP APPLICATION FORM

Pursuant to Article 4 of the Association Constitution, all followers of the Shia Ithna-Asheri Ja'fari faith resident of Ontario and Quebec and of full age of 18 years and over shall be eligible, upon application, to become members of the Association.

Family Name: _____ Given Name: _____

Spouse Name: _____ No. Of Children: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

MEMBERSHIP DUES: (Please check one)

_____ Family (\$ 400.00)

_____ Single (\$ 200.00)

_____ Students (Age 18 and over) \$ 100.00
To qualify for reduced membership dues,
Student must be registered full time.

_____ Seniors Family (Age 65 and over) \$ 200.00

_____ Senior Single \$ 100.00

DONATIONS: (optional, please specify)

Centre Maintenance Donations (\$____)

Muharram Donations (\$____)

Madressah Donations (\$____)

Others (Specify) _____ (\$____)

Please donate generously for Islamic causes.

Total Membership Dues: \$ _____

Total Donations: \$ _____

Please indicate your preferred method of payment

Full Payment _____ Installments _____

Please send your donation cheques(s) to ISIA OTTAWA

Total Enclosed: \$ _____
(Official Tax receipts will be issued for all donations)

I hereby apply for membership of the ISIA Association of Ottawa, I agree to abide by the rules and regulations as laid down in the Association's Constitution and any amendments that may be made from time to time.

Signed: _____ Dated: _____

(FOR NEW MEMBERS ONLY)

Two members of the Association (in good standing) should sign in support of this application:

Name & Signature of Member # 1: _____ Dated: _____

Name & Signature of Member # 2: _____ Dated: _____

Approved by the ISIA OTTAWA: _____ Dated: _____
Executive Committee