

In the Name of Allah, Most Gracious, Most Merciful
The Islamic Association of Saskatchewan, Regina Inc.

3273 Montague Street, Regina, SK, S4S 1Z8
Phone: (306) 585-0090 E-mail: iaos@iaosregina.com

MEMBERSHIP APPLICATION FORM

APPLICANT:

[BR]/[SR] FIRST NAME: _____ LAST NAME: _____

ADDRESS: STREET NO. & NAME _____ CITY/TOWN: _____

PROVINCE: _____ POSTAL CODE: _____ HOME TELEPHONE: _____

WORK TELEPHONE: _____ FAX NUMBER: _____ E-MAIL _____

SPOUSE (IF APPLYING FOR A FAMILY MEMBERSHIP):

[BR]/[SR] FIRST NAME: _____ LAST NAME: _____ HOME TELEPHONE: _____

WORK TELEPHONE: _____ FAX NUMBER: _____ E-MAIL _____

CHILDREN:

NAME:	BIRTH DATE [MM/YY]:	GENDER [M/F]:
1) _____	_____/_____/_____	_____
2) _____	_____/_____/_____	_____
3) _____	_____/_____/_____	_____
4) _____	_____/_____/_____	_____
5) _____	_____/_____/_____	_____

TWO IAOS MEMBERS IN GOOD STANDING AS REFERENCES REQUIRED. IF NOT PROVIDED, AN INTERVIEW WITH BOARD IS REQUIRED

REFERENCE 1 NAME: _____

HOME TELEPHONE: _____ E-MAIL _____

REFERENCE 2 NAME: _____

HOME TELEPHONE: _____ E-MAIL _____

DECLARATIONS:

PLEASE CIRCLE RESPONSE THAT IS CORRECT FOR YOU

I AM A MUSLIM OVER THE AGE OF 18 [YES / NO]

I AM A CITIZEN OF CANADA OR A PERMANENT RESIDENT OF CANADA. [YES / NO]

All members are required to provide proof (Permanent Residency Card, Citizenship Card, or Passport)

I RESIDE IN SASKATCHEWAN. [YES / NO]

New members are required to provide proof (Saskatchewan Driver's License and/or Health Card)

I HAVE READ THE CONSTITUTION AND BY-LAWS OF IAOS REGINA INC
AND AS A MEMBER, I AGREE TO ABIDE BY AND SUPPORT THEM. [YES / NO]

I AM APPLYING FOR THE FOLLOWING MEMBERSHIP: (PLEASE MARK THE APPROPRIATE MEMBERSHIP)

___ FAMILY

MEMBERSHIP FEE: **\$30/YEAR**

PLUS MAINTENANCE FEE : I AM WILLING TO CONTRIBUTE \$ _____ / MONTH AS MAINTENANCE FEE (MIN. \$30/MONTH)

___ INDIVIDUAL

MEMBERSHIP FEE: **\$15/YEAR**

PLUS MAINTENANCE FEE : I AM WILLING TO CONTRIBUTE \$ _____ / MONTH AS MAINTENANCE FEE (MIN. \$15/MONTH)

___ IF UNABLE TO CONTRIBUTE REQUIRED MAINTENANCE FEE, PLEASE INDICATE THE AMOUNT YOU ARE ABLE TO CONTRIBUTE:

\$ _____ /MONTH.

PLEASE NOTE: ANY WAIVING/REDUCTION OF FEES REQUIRES A WRITTEN REQUEST EXPLAINING FINANCIAL SITUATION AND PROOF OF VOLUNTEER WORK FOR THE COMMUNITY. WAIVING/REDUCTION OF FEES ARE SUBJECT TO BOARD APPROVAL.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE NOTE: ALL APPLICATIONS ARE SUBJECT TO BOARD APPROVAL.

MAINTENANCE FEE CAN BE PAID WITH SINGLE CHEQUE FOR YEARLY AMOUNT; OR 12 POST-DATED CHEQUES FOR MONTHLY AMOUNT.

NEW MEMBERSHIPS: MEMBERSHIP FEE MUST BE PAID BY CERTIFIED CHEQUE, BANK DRAFT, MONEY ORDER OR CASH

PLEASE MAKE CHEQUES PAYABLE TO THE ISLAMIC ASSOCIATION OF SASKATCHEWAN, REGINA INC.

PRE-AUTHORIZED PAYMENT CAN BE USED TO AUTHORIZE IAOS TO AUTOMATICALLY DEDUCT THE MAINTENANCE FEE MONTHLY AND THE MEMBERSHIP FEE YEARLY. PLEASE USE THE ATTACHED FORM TO AUTHORIZE SUCH PAYMENTS.

PROOF OF SASKATCHEWAN RESIDENCY AND PROOF OF CANADIAN CITIZENSHIP/PERMANENT RESIDENCY MUST BE SHOWN TO A BOARD MEMBER OR ATTACHED TO THIS APPLICATION.