



# The Islamic Society of St. Catharines

## MEMBERSHIP FORM

Date: Day \_\_\_ / M: \_\_\_ / Y: 20\_\_\_

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Where you a paid member last year? Yes No

**Contact Information (Fill in if you are a new member or if any of this information has changed since the last time you registered).**

Street Address: \_\_\_\_\_ Apt-Unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Membership Payment: **\$15.00/Person** or a maximum **\$60.00 for a family**

\$15 to add spouse  Spouse First Name: \_\_\_\_\_ Family Name \_\_\_\_\_

### Children OVER THE AGE OF 16:

\$15.00 First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

\$15.00 First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Free First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Free First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Free First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Received By: \_\_\_\_\_ Total Paid: \_\_\_\_\_