



Az-Zahraa ISLAMIC CENTRE

SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

8580 #5 ROAD
RICHMOND, B.C.
CANADA V6Y 2V4

TEL: 604 - 274 - 7869
FAX: 604 - 274 - 7809
www.az-zahraa.org

APPLICATION FOR MEMBERSHIP

Please note that the information that you provide for us herein will assist us in making a decision on your application, so please answer the questions completely. Before you fill the application form please read Shia Muslim Community of B.C's Constitution. Your Application fee and first year's subscription must accompany the application. If there is anything that you would like clarification on, please contact the Secretary of Membership Committee at membership-secretary@az-zahraa.org.

I have read the constitution and By-Laws of the Jamaat. _____ (Yes or No)

Application for _____ (Full Membership or Associate Membership)

Name: _____
Surname Given Names

Address: _____

Telephone: _____ Email Id: _____

Occupation _____

Employers name & Address: _____

Employers Telephone: _____

Date of birth: ____/____/____. Place of Birth: _____
(dd) (mm) (yyyy)

Spouses Name: _____ Occupation: _____

List the children under the age of 18 and other dependents:

Name	Age	Relation	Working (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date on which you first came to live in British Columbia.: _____ / _____ / _____.
(dd) (mm) (yyyy)

Previous Residence: _____ (city) _____ (country).

Were you a member of the Jamaat at the last place of residence? _____

If yes please give full name and address of the Jamaat.

Is the Jamaat referred to above a member of World Federation of the Khoja Shia Ithna-Asheri Muslim Communities; or regional body affiliated to World Federation of the Khoja Shia Ithna-Asheri Muslim Communities?

Have you ever served on the management committee or taken part in any other activities of a Jamaat or a religious organization? _____

If yes please give details.

After arrival how many times have you visited or participated in Az-Zahraa Islamic Centre programs.

How have you helped this community since arriving in British Columbia.

Are you currently a member of any other Organization? ___ If 'yes', please indicate which one:

Please mention any special skills or contributions in the form of services you would like to offer to this Community.

If Accepted and approved I undertake to abide by the constitution and By-Laws of the Jamaat.

Signature: _____ Date: _____

Please provide the names and addresses of three references who are currently Ordinary Members who have personally known you for at least 3 years. Please attach letters of recommendations from them explaining why you should be admitted as member, outline the benefits that you will provide to the society by becoming a member and how you can further the objectives of the Jamaat.

1. Name _____
Address _____

2. Name _____
Address _____

3. Name _____
Address _____



FOR OFFICIAL USE ONLY

1. Application Received on _____ / _____ / _____
2. Applicant Information Verified by _____ on _____ / _____ / _____
3. Reference Information Verified by _____ on _____ / _____ / _____
4. Membership Committee meeting Called by _____ on _____ / _____ / _____
5. For Full Membership presented to AGM on _____ / _____ / _____

Approved: _____ Date: _____