Az-Zahraa ISLAMIC CENTRE
SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA
8580 NO 5 RD, RICHMOND B.C. V6Y2V4. TEL 604-274-7869
www.az-zahraa.org

INSTRUCTIONS FOR MEMBERSHIP APPLICATION TO THE SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

Instructions for filling the Application form for Membership

To avoid delay in processing your application form, please read these instructions carefully. Fill the form by answering ALL the questions. Sign and date the form. For Family Membership the form must also be signed by the spouse.

Submit the application form to the membership committee together with the **three individually written** reference letters, the annual subscription and any membership fee, if applicable.

Reference Letters - All applications

Provide three reference letters from **FULL MEMBERS** in good standing of the Shia Muslim Community of BC.

For applicants from a World Federation Jamaat who are new residents of BC.

Provide one reference letter from the World Federation Jamaat of your last place of residence and two reference letters from voting members in good standing of the same Jamaat.

The three reference letters should preferably be from non family members. However, letters from the following would be acceptable:

- One from the immediate family member (parents,brothers,sisters,sons,daughters)
- One from an extended family member (in-laws, aunts,uncles,cousins)
- One from a non-related member

Reference letters, as a minimum, must include the following information:

1. Number of years that he or she has personally known the applicant (minimum of two years).
2. State how the applicant would be an asset to the Az-Zahraa Islamic Centre by becoming a member.
3. Sign and date the letter.
4. For applicants who are new residents of BC, the letter from the Jamaat should state the number of years that the applicant has been a member in good standing.

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INFORMATION FOR MEMBERSHIP APPLICATION TO THE SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

General Membership Information

A Shia Ithna-Asheri Jafferi Muslim who is over the age of 18 years and is a resident of British Columbia is eligible to apply for membership to The Shia Muslim Comminuty of BC. in one of the following categories.

Single Member

An applicant who is single and includes their dependent, unmarried children under the age of 21 years.

Family Member

An applicant who is married and includes their dependent, unmarried children under the age of 21 years.

Kids between ages of 18-21 years.
Kids between the ages of 18-21 years of Full Members are eligible to be included on the voter's list by registering with the Membership Committee. Registration forms are available from the Secretary of the Membership Committee.

Kids at age 21 years.
All kids at the age of 21 years have to apply for their own membership. Information and application form can be obtained from the Secretary of the Membership Committee

For any inquires regarding the application form or the membership process please email membership@az-zahraa.org.

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APPLICATION FOR MEMBERSHIP

TO THE SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

MEMBERSHIP CATEGORY YOU ARE APPLYING FOR: ☐ **FAMILY** ☐ **SINGLE**

FAMILY: Married with both spouses of the Shia Ithna-Asheri Ja'fferi Faith and includes unmarried dependent children up to the age of 21.

SINGLE: Single / Divorced / Widowed /Married to a Non-Shia spouse and includes unmarried dependent children of the Shia Ithna-Asheri Ja'fferi Faith, up to the age of 21.

☐ YES ☐ NO **ARE YOU AND ALL YOUR FAMILY LISTED ON THIS FORM OF THE SHIA ITHNA-ASHERI JA'FFERI FAITH?**

FAMILY NAME

GIVEN NAMES

ADDRESS

ADDRESS 2

CITY | PROVINCE | COUNTRY | POSTAL CODE

EMAIL | TEL (HOME) (CELL)

BIRTHDATE (DD MM YYYY) | OCCUPATION

Spousal Information for FAMILY CATEGORY

SPOUSE NAME

EMAIL | TEL (CELL)

BIRTH DATE (DD MM YYYY) | OCCUPATION

Dependent Unmarried Children under age 21 - This area is applicable for dependents under the Family and Single Category

Children Names	Male/Female	Birth Date (dd/mm/yyyy)	Children Contact Email and / or Cell Phone

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APPLICATION FOR MEMBERSHIP

TO THE SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

DATE ON WHICH YOU FIRST CAME TO LIVE IN BRITISH COLUMBIA: DATE

WHERE ARE YOU COMING FROM CITY COUNTRY

WERE YOU A MEMBER OF A JAMAAT AT THE LAST PLACE OF RESIDENCE? IF YES, PROVIDE THE NUMBER OF YEAR YOU WERE A MEMBER AND CATEGORY / STATUS OF YOUR MEMBERSHIP? YES NO

PROVIDE FULL NAME AND ADDRESS OF JAMAAT #YEARS & MEMBER CATEGORY/STATUS

IS THE JAMAAT REFERRED ABOVE A MEMBER OF THE WORLD FEDERATION OF THE KHOJA SHIA ITHNA-ASHERI MUSLIM COMMUNITIES (WF-KSIMC); OR REGIONAL BODY AFFILIATED TO THE WF-KSIMC? YES NO

HAVE YOU EVER SERVED ON THE MANAGEMENT COMMITTEE OR TAKEN PART IN ANY ACITIVITIES OF ANY OTHER JAMAAT OR ISLAMIC ORGANIZATION? IF YES, PLEASE PROVIDE DETAILS YES NO

ARE YOU CURRENTLY A MEMBER OF ANY OTHER ISLAMIC ORGANIZATION? YES NO

IF YES, PLEASE INDICATE WHICH ONE:

HOW MANY TIMES HAVE YOU VISITED OR PARTICIPATED IN THE AZ-ZAHRAA ISLAMIC CENTRE PROGRAMS?

HOW HAVE YOU HELPED THIS COMMUNITY SINCE ARRIVING IN BRITISH COLUMBIA?

PLEASE MENTION ANY SPECIAL SKILLS OR CONTRIBUTIONS IN THE FORM OF SERVICE THAT YOU WOULD LIKE OFFER TO THIS COMMUNITY

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APPLICATION FOR MEMBERSHIP

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CHECK LIST:

1. Have you fully answered ALL the questions? ☐ Yes ☐ No
2. Have you attached the three reference letters? ☐ Yes ☐ No
3. Have you included the annual subscription and the membership fee, if applicable? ☐ Yes ☐ No

If the answers to any of the above questions is a NO then your application is not complete and will be returned.

IF MY APPLICATION IS ACCEPTED AND APPROVED I/WE UNDERTAKE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE JAMAAT. I CONFIRM THAT I AND ALL OF MY FAMILY LISTED IN THIS FORM ARE OF THE SHIA ITHNA-ASHARI JA'FFERI FAITH AND ARE RESIDENT OF THE PROVINCE OF BC.

I/WE SOLEMNLY DECLARE THAT THE INFORMATION PROVIDED IN THIS FORM IS ACCURATE.

SIGNATURE OF APPLICANT _____ (SIGNATURE) _____ (DATE)

Where applicable, SIGNATURE OF SPOUSE _____ (SIGNATURE) _____ (DATE)

For any inquires regarding this application form or membership please email membership@az-zahraa.org

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APPLICATION FOR MEMBERSHIP

TO THE SHIA MUSLIM COMMUNITY OF BRITISH COLUMBIA

FOR OFFICIAL USE ONLY

COMPLETED APPLICATION RECEIVED ON: _____

APPLICANT INFORMATION VERIFIED BY: _____ **ON** _____

REFERECE INFORMATION VERIFIED BY: _____ **ON** _____

FOR FULL MEMBERSHIP: PRESENTED TO AGM ON _____

DATE ON WHICH APPLICANT NOTIFIED _____

SPECIAL NOTES:

APPROVED _____ **DATE** _____