

**MUSLIM ASSOCIATION OF NEWFOUNDLAND AND LABRADOR**  
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IN THE NAME OF ALLAH, THE MOST MERCIFUL, THE MOST COMPASSIONATE

**MEMBERSHIP FORM**

(PLEASE PROVIDE COMPLETE INFORMATION ON ALL FAMILY MEMBERS WHO ARE RESIDENTS OF NEWFOUNDLAND AND LABRADOR)

*HEAD OF THE FAMILY* (M F)

Surname	Given Name(s)	
Home Address (Mail To: <input type="checkbox"/> )	City	Postal Code
Work Address (Mail To: <input type="checkbox"/> )	City	Postal Code
Telephone: (H)	(W)	(M)
E-mail:		

*SPOUSE*

Surname	Given Name(s)	
Work Address	City	Postal Code
Telephone: (W)	(M)	
E-mail:		

*DEPENDENT CHILDREN* (attach separate sheet if necessary)

Name	Date of Birth (D/M/Y)	<input type="checkbox"/> M	<input type="checkbox"/> F	Academic Level
		<input type="checkbox"/> M	<input type="checkbox"/> F	
		<input type="checkbox"/> M	<input type="checkbox"/> F	
		<input type="checkbox"/> M	<input type="checkbox"/> F	

*OTHER FAMILY MEMBERS* (attach separate sheet if necessary)

Name	Date of Birth (D/M/Y)	<input type="checkbox"/> M	<input type="checkbox"/> F	Occupation
		<input type="checkbox"/> M	<input type="checkbox"/> F	

	Amount Enclosed	Amount Pledged
Membership Dues (\$20 per family)	\$	\$
Zakat-ul-Fitr (\$10 per person)	\$	\$
Zakat Fund	\$	\$
Mosque Fund/Donations	\$	\$
Other (please specify)	\$	\$

Note: All donations except membership dues are income tax deductible. Receipts for income tax purposes will be provided at the end of the calendar year.