

Please complete form and send it back to info@istiqlal.ca | Subject : Membership Form

NEW **RENEWAL** Membership ID No: _____
 Expiration Date: _____

A **APPLICANT INFORMATION**

Complete Name : First _____ Last _____
 Nationality : _____ Year of Birth: _____
 Gender : Male Female Status : Single Married Divorce Widowed

Final Educational Background: _____

Parent's Name Father _____ Mother _____
 Place of Birth: _____ Place of Birth: _____

Spouse's Name : First _____ Last _____

Children (Under 18, for informational purposes only - not as members):

No.	Name	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B **ADDRESS AND CONTACT INFORMATION**

Address : _____
 City : _____ Province: _____ Postal Code: _____
 Contact Methods : Phone: _____ Email: _____

C **MEMBERSHIP FEES**

Monthly Subscription \$ 20

Signature,

By submitting this application, I affirm that the information provided is accurate, and I acknowledge that any false statements may result in disqualification from membership.

D **FOR INTERNAL USE ONLY**

Reviewed by: _____ Signature _____
 Reviewed by: _____ Signature _____
 Date: _____