



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: _____