



In the Name of Allah, Most Gracious, Most Merciful

Imamia Association of Regina

319 Victoria Ave, Regina, Saskatchewan

E-mail: imamiaregina@imamia.ca

Web site: www.imamia.ca

MEMBERSHIP APPLICATION FORM

FULL MEMBER ☐

ASSOCIATE MEMBER ☐

APPLICANT:

SURNAME: _____ GIVEN NAME(S): _____

ADDRESS: STREET NO. & NAME _____ CITY/TOWN: _____

PROVINCE: _____ POSTAL CODE: _____ HOME TELEPHONE: _____

WORK TELEPHONE: _____ FAX NUMBER: _____ E-MAIL _____

STATUS IN CANADA: CANADIAN CITIZEN/PERMANENT RESIDENT/ PROTECTED PERSONS/OTHER-PLEASE SPECIFY: _____

SPOUSE (IF APPLYING FOR A FAMILY MEMBERSHIP):

SURNAME: _____ GIVEN NAME(S): _____ HOME TELEPHONE: _____

CELL PHONE: _____ E-MAIL _____

CHILDREN:

NAME:	AGE (Y/M)	GENDER [M/F]:
1) _____	____/____	____
2) _____	____/____	____
3) _____	____/____	____
4) _____	____/____	____
5) _____	____/____	____

DECLARATIONS: PLEASE CIRCLE RESPONSE THAT IS CORRECT FOR YOU

I AM OVER THE AGE OF 18 [YES / NO]

I RESIDE IN SASKATCHEWAN. [YES / NO]

I HAVE READ THE CONSTITUTION AND BY-LAWS OF IMAMIA ASSOCIATION OF REGINA
AND AS A FULL MEMBER/ASSOCIATE MEMBER, I AGREE TO ABIDE BY AND SUPPORT THEM. [YES / NO]

I AM APPLYING FOR THE FOLLOWING MEMBERSHIP: (PLEASE MARK THE APPROPRIATE MEMBERSHIP)

___ FAMILY

MEMBERSHIP FEE: **\$250/YEAR**

OPTIONAL: I AM WILLING TO CONTRIBUTE DONATION OF \$ _____ PER MONTH

___ INDIVIDUAL

MEMBERSHIP FEE: **\$150/YEAR**

OPTIONAL: I AM WILLING TO CONTRIBUTE DONATION OF \$ _____ PER MONTH

___ SENIORS (AGE 65 AND PLUS) OR ___ STUDENTS (FULL-TIME)

MEMBERSHIP FEE: **\$100/YEAR**

OPTIONAL: I AM WILLING TO CONTRIBUTE DONATION OF \$ _____ PER MONTH

PLEASE NOTE: WAIVING/REDUCTION OF FEES ARE SUBJECT TO BOARD S APPROVAL.

PLEASE PROVIDE TWO REFERENCES, PREFERABLY EXISTING IMAMIA ASSOCIATION OF REGINA MEMBERS. IF NOT PROVIDED, AN INTERVIEW WITH BOARD IS REQUIRED

REFERENCE 1 NAME: _____ HOME TELEPHONE: _____ E-MAIL _____

REFERENCE 2 NAME: _____ HOME TELEPHONE: _____ E-MAIL _____

APPLICANT S SIGNATURE _____ DATE _____

PLEASE NOTE: ALL APPLICATIONS ARE SUBJECT TO BOARD APPROVAL.

PROOF OF SASKATCHEWAN Residency and PROOF OF CANADIAN CITIZENSHIP/PERMANENT RESIDENCY may require for Voting or Holding an office of Imamia Association of Regina.

MEMBERSHIP FEE CAN BE PAID WITH CASH, SINGLE CHEQUE, OR E-TRANSFER FOR A YEARLY AMOUNT. PLEASE MAKE CHEQUE PAYABLE TO "IMAMIA ASSOCIATION OF REGINA" Or E-TRANSFER AT E-MAIL "imamiaregina@gmail.com". MONTHLY PRE-AUTHORIZED PAYMENT CAN BE USED AFTER AUTHORIZING IMAMIA ASSOCIATION OF REGINA TO AUTOMATICALLY DEDUCT MEMBERSHIP FEE FROM ANY BANK ACCOUNT.