



In the Name of Allah, Most Gracious, Most Merciful

## Imamia Association of Regina

Regina, Saskatchewan

E-mail: imamiaregina@gmail.com

Web site: www.imamia.ca

### MEMBERSHIP APPLICATION FORM

**FAMILY MEMBER**

**SINGLE MEMBER**

**SENIOR/STUDENT  
MEMBER**

#### APPLICANT:

SURNAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_

ADDRESS: STREET NO. & NAME \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ HOME 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'S NAME:

**AGE (M/Y) GENDER (M/F)**

1) _____	/ _____ / _____
2) _____	/ _____ / _____
3) _____	/ _____ / _____
4) _____	/ _____ / _____
5) _____	/ _____ / _____

#### DECLARATIONS: PLEASE CHECK MARK YOUR 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: \$300/YEAR

\_\_\_\_\_ INDIVIDUAL MEMBERSHIP FEE: \$200/YEAR

\_\_\_\_\_ 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: \_\_\_\_\_ CONTACT#: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**REFERENCE 2** NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**PLEASE NOTE: ALL APPLICATIONS ARE SUBJECT TO THE BOARD APPROVAL.**

- (1) **Proof of Saskatchewan residency & proof of Canadian Citizenship or Permanent Residence** is required for the voting or holding an office of Imamia Association of Regina Inc. Membership must be at least full one year old to vote or apply for any Imamia office position.
- (2) **Membership** fee can be paid with **e-transfer, cash, single cheque for the yearly amount; or pre-authorized equal monthly amounts.**
- (3) **Please** make a cheque payable to **Imamia Association of Regina Inc.** Or **e-transfer at the email address; imamiaregina@gmail.com.**
- (4) **Pre-Authorized Payments** can be used to authorize **Imamia Association of Regina Inc** to automatically deduct the membership fee on monthly, bi-monthly or yearly basis. Please ask for pre-authorization form for the such payments or other monthly donations.