

**The Council of Islamic Guidance Inc.**  
 510 Concession 3 Road, Pickering, Ontario, L1X 2R4, Canada  
 Tel.:(905) 837-1572 Website: [www.cig.ca](http://www.cig.ca) E-mail: [ec@cig.ca](mailto:ec@cig.ca)

**Members Data Update Form**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
First Name Middle Name Last Name yyyy/mo/dd

**Spouse Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
First Name Middle Name Last Name yyyy/mo/dd

**Children:**

<u>S. No.</u>	<u>Name</u>	<u>M/F</u>	<u>Date of Birth</u>
1.	_____	_____	_____ <small>yyyy/mo/dd</small>
2.	_____	_____	_____ <small>yyyy/mo/dd</small>
3.	_____	_____	_____ <small>yyyy/mo/dd</small>
4.	_____	_____	_____ <small>yyyy/mo/dd</small>

**Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ Postal Code

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email of Spouse:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

By signing this Form I/we expressly agree to the use, collection, disclosure and publication of the information provided herein by The Council of Islamic Guidance Inc. (CIG) to generally further the aims and objectives of the CIG including but not limited to the use by Sub-Committees and Special Committees of the CIG.

\_\_\_\_\_  
**Signature of Spouse**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

