



MEMBERSHIP APPLICATION FORM

SELECT MEMBERSHIP TYPE

SINGLE (\$125)

SENIOR - SINGLE (\$125)

FAMILY (\$250)

SENIOR - FAMILY (\$125)

FOR OFFICE USE ONLY

Membership Approved

#

Membership Declined

DATE

PRIMARY APPLICANT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)	EMAIL	
CELL NUMBER	HOME NUMBER	WORK NUMBER
ADDRESS		OCCUPATION

SPOUSE INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)	EMAIL	
CELL NUMBER	WORK NUMBER	OCCUPATION

CHILDREN 18 OR UNDER(OR UP TO 25 YEARS AGE IF FULL TIME STUDENT)

FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	Son	Daughter
FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	Son	Daughter
FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	Son	Daughter
FULL NAME	DATE OF BIRTH (DD/MM/YYYY)	Son	Daughter

INCLUDE MUSLIM BURIAL PLAN MEMBERSHIP (Please check <https://cig.ca/forms/> for conditions and cost)

By signing this Form I/we expressly agree to allow the use, collection, disclosure and publication of the information provided(name, address, phone and email address) 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.

PRIMARY APPLICANT SIGNATURE

DATE

SIGNATURE OF SPOUSE

DATE

WITNESS: We as bonafide members of The Council of Islamic Guidance Inc., hereby attest that the above applicant is known to us as a Shia Ithna-Asheri Muslim.

FULL NAME	ADDRESS	SIGNATURE
FULL NAME	ADDRESS	SIGNATURE

THE COUNCIL OF ISLAMIC GUIDANCE INC.

510 Concession 3 Road, Pickering, Ontario, L1X 2R4, Canada

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