



Association of Progressive Muslims of Canada
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MEMBERSHIP APPLICATION FORM "

I would like to renew/become a member of the Association of Progressive Muslims of Canada. I am a Muslim living in the province/territory of _____ and am over 18 years of age. I support the aims and objectives of the Association.

Last Name: _____ Given Name: _____

Year of Birth (Optional): _____ Place of Birth (Optional): _____

Address: _____

City _____ Province: _____ Postal Code: _____

Email: _____ Telephone: _____ Fax: _____

Membership Type

() Regular Member: fee of Can\$ 25.00

() Student: fee of Can\$ 10.00 School Name: _____

() Senior Citizen (65+): fee of Can\$ 10.00

Donations

() I am enclosing a donation for Can\$ _____

Membership fee & Donation can be paid by Cash, or Cheque payable to the Association of Progressive Muslims of Canada.

Applicant's Signature: _____ Date _____

*Membership dues are to be paid annually in January to keep one's membership in good standā *È*

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For Official Use Only.

Application Received On: _____ Approved On: _____

Membership No: _____ Date: _____

Fee Collected Can\$ _____ Date: _____ Receipt No: _____

APPROVED BY _____ APPROVING SIGNATURE _____