

Note:

- Please use **BLOCK LETTERS** only.
- Please use **BLUE OR BLACK PEN** only.
- Information on this form may be used for statistical and community planning purposes.

If you need assistance completing this form

phone: **0452 629 244**



MEMBERSHIP FORM (Individual/Family)

Please Post To: 50 Morehead Ave, Mount Druitt NSW 2770 **Or Email at:** muslimjanaza@gmail.com

Given Name

Family Name

Given Name of Partner (If none, write NA)

Family Name of Partner

Dependent Children Names (If none, write NA)

Address

Unit/ Street No.

Street Name

Town/City

Postcode

Email

Contact Tel No.

Want to become a VOLUNTEER?

YES ☐ NO ☐

Membership Fee

Annual	\$100.00
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For any Questions CALL:

0452 629 244

Payment Method (tick one):

☐ **Direct Deposit**

Bank: Commonwealth Bank of Australia (CBA)
 Account Name: Australian Muslim Janaza Services Inc
 BSB No. 062 317
 Account No. 1066 9073

☐ **By Cheque payable to:** Australian Muslim Janaza Services Inc
 50, Morehead Ave, Mt Druitt NSW 2770

☐ **In Person at:** 50, Morehead Ave, Mt Druitt NSW 2770

Email Completed Form to:

muslimjanaza@gmail.com

Declaration

I/ We,....., do solemnly and sincerely declare all information provided above is true and correct to the best of my/ our knowledge. I/ We agree to abide by the AMJCS Inc. rules and constitution. I/ We also agree an annual membership is payable to AMJCS to maintain our membership. If I/ We fail to pay our annual membership fee by the due date our membership will be automatically cancelled and agree to return the membership card within 14 days of cancellation of our membership.

Signature: _____ **Date:** ____/____/____

OFFICE USE ONLY: DATE: ____/____/____

Membership No:

Fee Received: \$

New/ Renewal (circle one)

Approved: YES/ NO

Membership Card: Posted/ Collected (circle one)