190112

AUSTRALIAN MUSLIM JANAZA & COMMUNITY SERVICES INC (AMJCS) www.muslimjanaza.org

ABN: 86 801 590 651

Note:

Approved:

YES/ NO

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

MEMBERSHIP FORM (Individual/Family)

facebook join our

hone (02) 9675 6573				
Please Post To: 5	0 Morehead Ave, Mo	unt Druitt NSW 2	2770 Or Email at: info@muslimjanaza.o	rg.au
Given Name		Family Name		
Given Name of Partner (If none, write NA)		Family Name of P	artner	
Dependent Children Names (If none, write NA)			
Address				
Unit/ Street No.	Street Name		Town/City Postc	ode
Email			Contact Tel No.	
Want to become a VOLUNTE	ER?	YES NO		
Membership Fee / Sadqaa	e Jaria			
Annual \$100.0				
Payment Method (tick one)	:			
Direct Deposit			PayPal'	
Bank: Commonwealth Bank of Australia (CE			VISA BANK	
Account Name: Australian Muslim Janaaza Services II BSB No. 062 317		es inc	(Paypal is provided by Paypal Australia Ltd	1)
Account No. 1066 90			(- 3)	,
By Cheque payable to:	Australian Muslim Janaza		Martiner / Church English Address	
	50, Morehead Ave, Mt Dru	itt NSW 2770	Mortuary / Ghusal Facility Address 4 / 4 Stout Rd Mount Druitt NSW 2770	
☐In Person at:	50, Morehead Ave, Mt Dru	itt NSW 2770		
Declaration				
I/ We,			, do solemnly and sincerely decowledge. I/ We agree to abide by the AMJCS Inc. r	lare all
information provided above constitution. I/ We also as	e is true and correct to the gree an annual membersh	e best of my/ our kn nip is payable to AM	owledge. I/ We agree to abide by the AMJCS Inc. r IJCS to maintain our membership. If I/ We fail to	ules and pay our
	the due date our member		tically cancelled and agree to return the members	
The state of the s	on or our membersinp.			
Signature:			_Date: <i>J</i> _	
OFFICE USE ONLY: DATE:	/ /			
Membership No:	, ,	Fee Received: \$	New/ Renewal (circle one)	

Membership Card: Posted/ Collected (circle one)