

1320 NORTHWOOD STREET
WINDSOR, ONTARIO N9E 1A4

Phone: (519) 966-2355

www.windsorislamicassociation.com



REGULAR MEMBERSHIP APPLICATION FORM

Please return the completed form to the Office

APPLICANT	
Name: Age:	
<i>(First) (Middle) (Last)</i>	
Address:	
Phone: Email:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other, specify	
How long have you lived in Windsor/Essex County?	
SPONSORS	
(1) Name: Phone:	
(2) Name: Phone:	
DECLARATION	
I certify that the information provided on this form is accurate and that I satisfy all WIA requirements for Membership, as listed below:	
Applicant Signature: Date:	
REGULAR MEMBERSHIP REQUIREMENTS	
<input type="checkbox"/> be a Sunni Muslim;	
<input type="checkbox"/> affirm that the Qur'an and the Sunnah of Prophet Mohammed are the sources of Islamic <i>Shari'ah</i> and its real and ultimate constitution;	
<input type="checkbox"/> be a Canadian citizen or landed immigrant of Canada;	
<input type="checkbox"/> be a resident of Windsor or Essex County, with residency determined in the same way as under the Income Tax Act (Canada), except this requirement shall not apply to applicants who are attending school or university outside the area if one (1) parent is a Member;	
<input type="checkbox"/> be at least sixteen (16) years of age;	
<input type="checkbox"/> agree to further the goals of the Association;	
<input type="checkbox"/> be sponsored by at least two (2) Regular Members in good standing; and	
<input type="checkbox"/> submit a completed application form for Regular Membership with the required annual Membership dues, to the Secretary through the Treasurer's office or online, as established in accordance with the By-law of W.I.A.	

PAYMENT	
Select Membership Fee ➔	<input type="checkbox"/> Adult: \$50 per year <input type="checkbox"/> Student: \$20 per year <input type="checkbox"/> one year <input type="checkbox"/> two years <input type="checkbox"/> three years
<u>Credit Card Payment</u> <input type="checkbox"/> VISA® <input type="checkbox"/> MasterCard® <input type="checkbox"/> American Express Card Number: Expiry Date (MM/YY):..... Name on the Card: <i>(please print clearly)</i> Signature:	
<u>Automatic Bank Withdrawal</u> Bank Name:Transit No..... Branch No..... Account No. Name on the Account: <i>(please print clearly)</i> Signature:	
FOR OFFICE USE ONLY	
Date Received:..... Due Received: \$..... <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Automatic Bank Withdrawal	Reviewed by the <i>MRC</i> : <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature: Date:.....