+1 (902) 367-3659 Phone mspei@hotmail.com Email www.muslimpei.com Web



MEMBERSHIP APPLICATION

Please complete, print this form and return with your payment.

Fillable Form

SECTION A

MEMBERS	HIP			SEC	TION A						
1. Membership Type (Please select one)					2. Membership Category (Please select one)						
☐ New☐ Renewing (no break in membership)					☐ Family (\$40/Year) ☐ Single (\$25/Year) ☐ Student (\$15/Year)						
APPLICAN [*]	Γ INFORMAT	ION									
1. Full Name											
Family name				Given name(s)							
2. Gender	2. Gender (Please select one) 3				Marital state: (Please select one)						
☐ Male☐ Female					☐ Single☐ Married						
4. Occupatio	n or Expertise	(optio	onal)		5. Citizenship(s) (optional)						
6. Immigratio	n status in Cana	•	tizen, Perman itor, Worker,			7. Resi	dent of PEI,	Since (op	tional)		
CONTACT	INFORMATIO	ON									
Apt./Unit	Street No.	Stree	eet Name			City/Town		Province PEI	Postal Code		
2. Telephone	No.										
Home (902)			Work (902)				Cell				
	quired) - Mos ur email addro		PEI communi	cation	is done el	ectroni	cally; ther	efore, it is e	ssential that		

Family members: Please list all family members:

Name	Relationship	Date of Birth YYYY-MM-DD	Gender M/F	Citizenship(s) (optional)	
	Spouse				
olunteering Time:					
/ould you like to volunteer your time for	couple of hours a we	ek , (if required /r	needed) ?	☐ YES ☐ NO	
					
Signatur	e:		Date: YYYY-MM-DD		
	SECTION B				
ereby, apply to become a member of th	e Muslim Society of	PEI and I pledge t	o support it	s programs and	
vices and abide by its rules, regulations					
d regulations may be amended and revi	•				
s application do hereby agree to indemi	nify and hold harmle	ss MSPEI, and its	officers, dir	ectors, managers,	
ployees, and other agents against any o	laim, liability, loss, d	amage or expens	e of any nat	ture what so ever.	
y Muslim who wishes to become a mem	nber of MSPEI must r	neet the followin	g requireme	ents:	
 Believes in Islam as a total way of 	life, believes in one (God (Allah) and M	uhammad I	PBUH as Allah's last	
messenger to mankind.					
Should be in full agreement with tPay the required dues	he mission of this or	ganization.			
Pay the required dues.Must complete a membership app	lication form.				
 Membership may be revoked if a r 		ded the provisior	ns of this co	nstitution or Islamic	
values.		•			
Signatu	re:		Date:	YYYY-MM-DD	
FOR OFFICE USE ONLY: App	roved: 🗆 YES 🗆 NO) Membersh	ip No.		
Membership Category Approved Fo	r: □ Family □ Si	ngle □ Student	Memb	ership Dues: 🗌 Pa	
Approved by:	- Litariniy Li Si	naic student	171011101	5.5p 2 650 1 u	
Signature:		0		VYYY-MM-DD	