Masjid & Imambargah
Shuhdae Karbala

FUNERAL ARRANGEMENTS SCHEME

MEMBERSHIP FORM

First Name: _____ **Last Name:** _____

Gender: _____ **Date of Birth:** _____

Address: _____

Contact Number: _____ **E-mail:** _____

Medical Condition: _____

EMERGENCY CONTACT INFORMATION

Name & Relationship: _____ **Contact:** _____

DECLARATION

1. **I am a Muslim of Shia Ithna-Ashri faith and wish to apply for the membership of Funeral Arrangements Scheme of Masjid & Imambargah Shuhdae Karbala.**
2. **I can confirm that I am able and willing to pay an annual membership fee of £100 for this Scheme.**
3. **I can confirm that in the event of my demise, Masjid & Imambargah Shuhdae Karbala shall cover my funeral expenses to a maximum of £3,000 on the condition that it can be demonstrated with evidence that neither my friends and/or family nor my estate can afford the funeral expenses.**
4. **I understand that if I fail to declare any pre-existing illness or condition or failure to take Covid-19 vaccines and boosters, then in the event of my death, Masjid & Imambargah Shuhdae Karbala shall not cover my funeral expenses.**
5. **I also understand that this membership is only for one year (is required to be renewed annually with updated forms if required) and is only valid when taken with the main membership of Masjid & Imambargah Shuhdae Karbala.**

Sign: _____ **Date:** _____

Approved by: _____ Date: _____ Membership No._____

Additional Notes: _____

A/C Title: Masjid & Imambargah Shuhdae Karbala
Zempler Bank, Sort Code: 08-71-99 Account No: 14830689

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Registered with the Charity Commission of England & Wales (Reg. No. 1187832)