Masjid & Imambargah Shuhda-e-Karbala

MEMBERSHIP FORM

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

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

Address: _____

Contact No. _____ **E-mail:** _____

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 Masjid & Imambargah Shuhdae Karbala.**
2. **I also wish to apply for the membership of my family members (if applicable).**
3. **I can confirm that I am able and willing to pay an annual membership fee (including my family members, if applicable) in the sum of £ ……**
4. **I can confirm that my family members and I shall abide by the constitution of Masjid & Imambargah Shuhdae Karbala.**

(i) …… **(ii)** ……

(iii) …… **(iv)** ……

Sign: _____ **Date:** _____

Approved By: _____ Date: _____ Membership No: _____

Notes: _____

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

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