

ASSOCIATION OF PROGRESSIVE MUSLIMS OF CANADA

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MEMBERSHIP APPLICATION FORM

I would like to become a member of the Association of Progressive Muslims of Canada. I am a Muslim living in the province/territory of _____ and am over 18 years old. I support the aims and objectives of the Association.

Last Name: _____ Given Name: _____

Year of Birth _____ Place of Birth: _____
(OPTIONAL) (OPTIONAL)

Address: _____

City _____ Province: _____ Postal Code _____

Email: _____ Telephone _____ Fax: _____

() I am enclosing my annual membership fee of Can\$ 25.00

() I am a Student /Senior Citizen, and I am enclosing my membership fee of Can\$ 10.00

() I am enclosing a donation for Can\$ _____

() I am enclosing a Cheque for \$1000.00 life membership _____

Membership fee can be paid in cash or by cheque payable to the Association of Progressive Muslims of Canada

Applicant's Signature _____ Date _____

Membership dues are to be paid annually in January to keep one's membership in good standing.

For Official Use Only.

Application Received On: _____ Approved On: _____

Membership No: _____ Date: _____

Fee Collected Can\$ _____ (Thru Cash /Cheque) Date: _____ Receipt No: _____

APPROVED BY _____ APPROVING SIGNATURE _____