



# Al Zahra Shia Association of Waterloo Region

## Membership Form

- Please complete the below form. Once complete, please submit with payment.
- Membership applications shall be subject to review in accordance with Al Zahra Bylaw Schedule B.
- Al Zahra reserves right to reject any membership application.

Application Date: \_\_\_\_\_

### A. Member information

#### Primary Applicant Information:

First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Syed/Syeda? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

#### Spouse Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Syed/Syeda? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Please identify children under 18 years of age that reside in your household.

1. First and Last Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. First and Last Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. First and Last Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. First and Last Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street address with house/unit number: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Emergency Contact (Name & Phone Number): \_\_\_\_\_

- Please identify if you are/were member of another Shia Organization \_\_\_\_\_

By signing this membership form, I/We expressly agree to the use, collection and disclosure of the information provided herein by the Al Zahra Shia Association of Waterloo Region to generally further the aims and objectives of the Al Zahra Shia Association of Waterloo Region, including, but not limited to, the use by subcommittees and special committees of the Al Zahra Shia Association of Waterloo Region. I/We agree to abide by the rules and regulations as laid down in the By-Laws of the Al Zahra Shia Association of Waterloo Region, including any amendments that may be made.

**B. Membership Type:** *(Please select membership option you wish to apply/renew)*

- Family (Husband, Wife, Children under 18 years of age) \$400.00 CDN
  - Family (Husband & Wife **only**) \$300.00 CDN
  - Single Adult (18 years old and up) \$100.00 CDN
  - Student (18-25 years old) \$50.00 CDN
  - Senior Single (65 years old and up) \$50.00 CDN
  - Senior Couple (65 years old and up) \$100.00 CDN
- Lump Sum \$ \_\_\_\_\_; Monthly \$ \_\_\_\_\_; Quarterly \$ \_\_\_\_\_; Other \$ \_\_\_\_\_

**C. Donation:** *(Please use the below optional section if you wish to provide a donation to Al Zahra. This donation will be added on to your membership fee, resulting in one transaction).*

- General Fund (maintenance of centre: electricity, water etc.) \$ \_\_\_\_\_
  - New building project (Al Qaim Campaign) \$ \_\_\_\_\_
  - Aalim/Maulana/Speaker Hadiya \$ \_\_\_\_\_
  - Niyaz/Tabarruk Fund \$ \_\_\_\_\_
  - Muharram Fund \$ \_\_\_\_\_
  - Ramadhan Fund \$ \_\_\_\_\_
- Lump Sum \$ \_\_\_\_\_; Monthly \$ \_\_\_\_\_; Quarterly \$ \_\_\_\_\_; Other \$ \_\_\_\_\_

**Total amount (including Membership Fee & Donation{B+C}) \$ \_\_\_\_\_**

**D. Payment methods:** *(please select method of payment)*      Date of Payment: \_\_\_\_\_

- at the Center: through personal cheque and cash
- through e-transfers to [finance@alzahra.ca](mailto:finance@alzahra.ca)
- via Credit Card through [www.alzahra.ca](http://www.alzahra.ca)
- Pre-Authorised Debit (withdrawal from bank account) - Form available on [www.alzahra.ca](http://www.alzahra.ca)
- Al Zahra team will pick up donations from you. If you require any assistance, please email [admin@alzahra.ca](mailto:admin@alzahra.ca)

\_\_\_\_\_  
**Primary Applicant Signature**

\_\_\_\_\_  
**Spouse Signature (if applicable)**