



6508 Winston Churchill Blvd., Mississauga Ontario L5N 3W4

# MEMBERSHIP APPLICATION

To: **The Membership and Nomination Committee**  
**Meadowvale Islamic Centre Inc.**

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

I wish to become a member of the Meadowvale Islamic Centre Inc.

Surname: \_\_\_\_\_

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

Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Year joined organization: \_\_\_\_\_

### Volunteer Profile:

Donor     Volunteer Service

Briefly describe your participation in the Meadowvale Islamic Centre:

Organized/Conducted Classes  Organized Masjid Programs/Events

\_\_\_\_\_  
\_\_\_\_\_

Please attach a separate page if more space is needed.

Are you a member of any other religious organization?    NO    YES (Provide Name and Address in below)

\_\_\_\_\_

I hereby declare:

(a) that I support the Aims and Objectives of and agree to uphold, abide by and follow the Rules and Regulations of the Constitution, and By-laws of Meadowvale Islamic Centre.

(b) that I am at least 18 years of age.

(c) I am a person of good moral character and have not been convicted of a criminal offence.

(d) I agree to pay membership fee as established by the BoD/Trustees from time to time.

(e) I agree to sign a non-disclosure agreement (NDA) as soon as my membership Application is approved

(d) I have accurately and to the best of my ability completed the Donation / Volunteer Details and verified by a current MIC director/Trustee/Volunteer Coordinator and attested my membership application.

Signature of Applicant: \_\_\_\_\_

**Donation / Volunteer Details (Must provide to evaluate your eligibility):**

| <b>YEAR</b>  | <b>DONATION<br/>(\$)</b> | <b>Volunteer Services<br/>(Hours)</b> | <b>Organized / Conducted<br/>Classes<br/>(Hours)</b> | <b>Organized Masjid<br/>Programs / Events<br/>(Hours)</b> |
|--------------|--------------------------|---------------------------------------|--|---|
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| <b>TOTAL</b> |                          |                                       |  |   |

**MIC Board Member Verifying Volunteer Services Hours:**

\_\_\_\_\_

Name

\_\_\_\_\_

Signature / Date

\_\_\_\_\_

Name

\_\_\_\_\_

Signature / Date

**Administration Purpose (Do not fill out below line)**

\_\_\_\_\_

Approved by the Membership and Nomination Committee

\_\_\_\_\_

Date