



Afghanistan Shia Association of Calgary

جامعه شیعیان افغانستانی کلگری

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Membership Application Form

فورم درخواست عضویت

Name / نام	Middle Name / نام وسط	Last Name / نام خانوادگی

APPLICATION TYPE: **Family / Individual**

نسبت اعضا فامیل Family Relationship	نام و نام خانوادگی Name & Family Name	تاریخ تولد Date of Birth	افراد بالای ۱۸ سال Person above 18 years
		DOB: / /	
		DOB: / /	
		DOB: / /	
		DOB: / /	
		DOB: / /	

Note: Families with more than 4-children, please write their information in the back of this application.

Address Information: آدرس		
City / شهر	Province / ولایت	Postal Code / کد پستی

Cell Phone / تلفون همراه	Email / ایمیل
+1	

I acknowledge in writing to become a member of **Afghan Shia Association of Calgary** and respect, support and follow all the rules, objectives and principles of this organization.

Applicant's Signature: _____ Date: / / 202_____

Office Use Only:	Membership Fees \$10_(monthly)	MEMBERSHIP TYPE
This application is to be assessed and approved by the Executive Committee:		Monthly 6Months Annual
Application Approved: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Member number: <input type="text"/>
Approved By: _____	Signature: _____	Date: / / 202_____