



**THE ISLAMIC SOCIETY OF KINGSTON**  
 P.O. BOX 2021, KINGSTON, ONTARIO K7L 5J8

## I S K M e m b e r s h i p F o r m

Full Name: \_\_\_\_\_ email: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Were you a paid member prior to this year? Yes  No**

**Live-in Parents:**

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Children Information (list dependent children who are 16 year old or older):**

|    | Full Name | Date of birth<br>(yyyy-mm-dd) | email |
|----|-----------|-------------------------------|-------|
| 1. |           |                               |       |
| 2. |           |                               |       |
| 3. |           |                               |       |
| 4. |           |                               |       |
| 5. |           |                               |       |

**Membership Fee (circle the appropriate one):**

Individual membership: \$75.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

Family membership: \$ 200.00

Donation: \$ \_\_\_\_\_

Total amount paid \$ \_\_\_\_\_  Cheque  Cash

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