بسم الله الرحمن الرحيم

Moncton Muslim Association, Inc.

Membership Form

Full Name:					
Addres	SS:				
Email:					
Phone:					
Are you a full time student attending any		y Moncton Institution?	Yes	No	
certify violation	by certify that I am a Muslim livin that I will follow all rules and reg on of these rules can result in tern my membership to the association	gulations set forth by M nination of my member	loncton Muslim Ass ship. I request Mon	sociation and I understand that acton Muslim Association to	
Date:			Applicants Signature:		
Refere	ence:				
Name:		Signature:			
Monct to Isla	ership Rules: To become a men on Area or surrounding for at l m for at least one full year. Full ne reference who is already a m	east one full year. In d time Students can no	case of a Muslim co	onvert you have to be converted	
For As	ssociation Board use only:				
Association Board met on date:		and revie	and reviewed the above request of membership.		
Follow	ring decision was made:				
	Membership was accepted				
	Membership was refused	Reason for Refusa	ıl:		
Date:		Approvers Signatu	ure (President or Vi	ce President)	
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