

Muslim Society of Brockville

Membership Form:

Email: _____

Full Name: _____

Residential Address: _____

City: _____ Postal Code: _____

Phone No: _____

Membership options:

- Voting Membership: \$120.00 per year
- Non-voting Membership: \$60.00 per year

Membership payment:

- Cash
- Cheque – Payable to: Muslim Society of Brockville

Date: _____

Signature: _____

All completed membership forms will be approved by Muslim Society of Brockville.

Membership fees are tax deductible. Tax receipts will be issued by March 1, of the following year.

For official use:

Receipt no: _____

Date of Payment: _____

Received by: _____

Date of membership approval: _____