



# MEMBERSHIP APPLICATION FORM

Tel: 9451 5696  
ABN: 96438896850

Please complete all information and highlight your choices

Given Name/s:

Family Name:

Address:

Suburb/Postcode:

Telephone: (08)

Mobile:

Email:

Age:      18                      18-35                      35-50                      50+                      Gender:      F                      M

- \* Clause 5(1) Membership of the Association is open to female members of the Islamic Community with citizenship or permanent residency.
- Clause 5 (1.1) All Members shall be entitled to attend, speak and vote at general meetings of the Association and be eligible for appointment as Members of the Committee or as Office Bearers.
- Clause 5 (1.2) Persons or Organisations ineligible to be members of the Association (i.e. males, non-Muslim females, businesses, non-permanent residents and sponsors) may apply to become an Associate Member of the Association.

Your membership helps us provide much needed services to the community. Membership is renewed annually on 1<sup>st</sup> July

**Membership fee: \$50                      Pro-rata \$                      I wish to make a donation of: \$**

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Amount (including GST)	\$50	\$50	\$50									

If you pay your membership *after* September 30<sup>th</sup>, you may choose to pay a pro-rata amount as follows:

Payment option: **Cheque** - payable to Muslim Women's Support Centre  
**E-Transfer** - Account Name: Muslim Women's Support Centre  
 BSB: 036 081    Account Number: 194 971  
 Description: Your Name/Member New/Renewal (choose one)

Please include payment information when forwarding your application form.

Applicant's signature:

Date:

*Membership applications will be processed upon receiving payment of membership fee.  
Application will not be valid if payment by e-transfer or cheque is not cleared within 14 days of processing of application form.*