

MASJID AL FALAAH

KOKNI MUSLIM ASSOCIATION BIRMINGHAM



KMAB Membership Application Form

Name: _____

Address: _____

Postcode: _____

Date of birth: _____

Tele: _____

Mobile: _____

Email: _____

Family members: *(include all children if applicable)*

Spouse: _____

Date of Birth: _____

Child 1: _____

Date of Birth: _____

Child 2: _____

Date of Birth: _____

Child 3: _____

Date of Birth: _____

Child 4: _____

Date of Birth: _____

Child 5: _____

Date of Birth: _____

I have read and understood the latest constitution and agree to abide by its terms and conditions. I will notify the KMAB of any changes to the above and agree to keep the KMAB notified of any address and contact detail changes.

Membership is only valid for as long as membership fees are paid.

Please complete the Standing Order Mandate to ensure that membership fees are up to date

Please tick box if Standing Order Mandate has been completed

Signature: _____

Date: _____

For office use only

KMAB application form given/posted on ____/____/____

Application form received on ____/____/____

KMAB official's names and post receiving form _____

Membership Start Date ____/____/____