

Photograph

To be attested by one referee

Friend of KSIMC of Birmingham Application Form

A. Name:

B. Full Address:

..... Post Code:

Home Tel: Office Tel:

Mobile: Email:

Date of Birth:

C. Please give full details of your family including their date of birth

	Name	D.O.B	Relationship
1.
2.
3.
4.
5.

D. 1st Referee's Name: Signature:

Full Address:

Post Code: Telephone:

Length of time Applicant known to Referee

E. 2nd Referee's Name: Signature:

Full Address:

Post Code: Telephone:

Length of time Applicant known to Referee

(Note: Both referees must be members of KSIMC of Birmingham for at least 3 consecutive years with no outstanding dues).

Gift Aid:

I am a UK taxpayer Yes / No

I authorise the KSIMC of Birmingham to claim gift aid on all my donations to the Community and will inform them if I change my decision. Yes / No

Declaration:

- ❖ I am a Shia Ithna-Asheri Ja'fari Person.
- ❖ I declare that the information given above is true to the best of my knowledge.
- ❖ I give the Community permission to make any enquiries regarding this application.
- ❖ I/We shall abide by the constitution, bye laws and Terms of References of KSIMC of Birmingham.
- ❖ I/We shall behave in orderly manner on the premises of KSMIC of Birmingham and not represent the Community.

Signature: Date:

FOR OFFICE USE ONLY:

Photo attested	Y/N
All relevant sections completed in full	Y/N
Clearance letter (if applicable) attached	Y/N
Referees 1 verified	Y/N
Referee 2 verified	Y/N

Verified by: _____ Date: _____

This Application has been approved/ rejected on:

Secretary General: Date:

Membership #: _____

Invoice #: _____

Receipt No: Date:

