

Membership Number:



Membership Application

Your Details

| | | | |
|------------|----------------------|-----------------|----------------------|
| Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Address 1: | <input type="text"/> | Phone (Home): | <input type="text"/> |
| Address 2: | <input type="text"/> | Phone (Mobile): | <input type="text"/> |
| Town: | <input type="text"/> | Post Code: | <input type="text"/> |
| Email: | <input type="text"/> | | |

With your permission we would like to keep in touch with you to talk to you about your membership and send you useful information about us, our events and any offers that you may be interested in. If you would like this, please tick the all of the ways you would like us to communicate with you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Post | <input type="checkbox"/> Phone | <input type="checkbox"/> SHMA Mobile App |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> SMS (Text Messaging) | <input type="checkbox"/> WhatsApp Messages |

Your Family

| | | | |
|---------------|----------------------|-----------------|----------------------|
| Spouse Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Spouse Email: | <input type="text"/> | Phone (Mobile): | <input type="text"/> |

With the permission of your spouse we would like to keep in touch with them also and send you useful information about us, our events and any offers that you may be interested in. If you would like this, please tick the all of the ways you would like us to communicate with you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Post | <input type="checkbox"/> Phone | <input type="checkbox"/> SHMA Mobile App |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> SMS (Text Messaging) | <input type="checkbox"/> WhatsApp Messages |

Please note that to include children, they must be aged 19 years or under and must be living with you. Once over the age of 19, each child must complete a separate form and join the SHMA as a single person.

| | | | |
|---------------|----------------------|----------------|----------------------|
| Child 1 Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Child 2 Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Child 3 Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |
| Child 4 Name: | <input type="text"/> | Date of Birth: | <input type="text"/> |

Continued over >

Membership and Payment

Please select the type of membership you would like

Family Membership - £7 per month

Single Membership - £4 per month

Please ensure you complete the Standing Order Mandate for the chosen amount

I confirm that I/we agree to the Terms & Conditions and wish to apply for membership of the Surrey Heath Muslim Association.

Your name (BLOCK CAPITALS)

Signature

Date

Spouse name (BLOCK CAPITALS)

Signature

Date

Please return the completed form to:

Surrey Heath Muslim Association
169 London Road
Camberley
GU15 3JS.

Alternatively, you may send a scanned signed copy of the form to us by email to:

enquiries@shma-uk.org

Once we receive your form we will contact you with the membership number and ask you to send up a standing order for the amount as per your membership.

If you have any questions about this form or about the Surrey Heath Muslim Association, feel free to contact us by email (enquiries@shma-uk.org). Alternatively feel free approach to any of your committee members who will be happy to help.