SURREY HEATH MUSLIM ASSOCIATION



MEMBERSHIP APPLICATION

Membership Number (official use only):

MEMEBERSHIP TYPE REQUIRED (tick as required)	Family £10 per month		Single a month		
	PERSONAL DET	AILS			
NAME:			DATE O	F BIRTH: .	
ADDRESS:					
			POST	TCODE:	
EMAIL ADDRESS:					
MOBILE PHONE NUMBER		LAND	LINE (op	tional)	
If applying for single membership, please i	gnore the below. Go strai	ght to Memb	ership ar	nd payment	t.
SPOUSE NAME:		D	ATE OF I	BIRTH:	
EMAIL ADDRESS:					
MOBILE PHONE NUMBER					
Please note that you and your spouse will be group.	oe added to the SHMA off	icial Email a	nnouncei	nent group	and Whatsapp
Children under the age of 19 living at the sage of 19 they will no longer be covered by membership.					
	PERSONAL DE	TAILS			
Please add details of any children below th	e age of 19 below.				
CHILD 1:			DATE O	F BIRTH:	
CHILD 2:			DATE O	F BIRTH:	
CHILD 3:			DATE O	F BIRTH:	
CHILD 4:			DATE O	F BIRTH:	
	MEMBERSHIP AND	PAYMEN ⁻	Γ		
I/we have read the SHMA terms and	l conditions (p	lease tick)			
You will be sent Direct Debit detailsBy adding your name and Date belo				HMA mem	bership.
NAME		DA	TED.		

Once application form is completed, please email to committee@shma-uk.org