



Bismillahir Rahmanir Raheem
Australian Muslim Welfare Centre Inc.

(অস্ট্রেলিয়ায় মুজলিম ওয়েলফেয়ার সেন্টার ইন্ক)

Registration No. INC 9888968, ABN: 96 688 727 721
PO BOX 101, Macquarie Fields, NSW 2564, AUSTRALIA

Application for Membership of Australian Muslim Welfare Centre Inc.
(Incorporate under the Associations Incorporation Act, 1984)

Are you over 18 years of age? ☐ Yes ☐ No

APPLICANT'S DETAILS (Please use block letters)

Title? ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

First Name: _____

Middle Name: _____

Family/Last Name: _____

ADDRESS

Street Name and Number: _____

Suburb: _____

State: _____ Post Code: _____

CONTACT DETAILS

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

I, named above, hereby apply to become a Member/Life Member of the Australian Muslim Welfare Centre Inc. In the event of my admission as a Member/Life Member, I agree to follow Centre's rules and bound by the constitutional provisions of the Centre as applicable. I also declare that I am a Muslim by faith and at least one of my parents or both are a descendant from Bangladesh.

Signature of the applicant: _____ Date: ____/____/____

We, the members of the Centre, nominate the above person to become a Member/Life Member of the Centre. We personally know this person.

Nominator's Full Name: _____

Membership No: _____ Signature: _____ Date: ____/____/____

Seconder's Full Name: _____

Membership No: _____ Signature: _____ Date: ____/____/____

OFFICE USE ONLY

Membership No: _____ Accepted/Rejected

President's/Gen. Secretary's Signature: _____ Date: ____/____/____

RECEIPT

Date: ____/____/____ Receipt No: _____ Amount: \$ _____