

## MEMBERSHIP APPLICATION FORM



I AM APPLYING FOR (TYPE OF MEMBERSHIP): فرم درخواست عضویت

Family, خانواده

Single, مجرد

PRIMARY APPLICANT INFORMATION			
Last Name:	First Name:	Middle Name:	Title:
Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:	
Contact Number:	Occupation:		
SPOUSE INFORMATION			
Last Name:	First Name:	Middle Name:	Title:
Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:	
Contact Number:	Occupation:		
ADDRESS INFORMATION			
Address Line 1:		Suite / Apt:	
Address Line 2:		Home Tel:	
City:	Province:	Postal Code:	

Do you have children under the age of 18?  Yes  No If Yes, please list their details below

آیا فرزند زیر ۱۸ سال دارید؟

اگر بله، لطفا اطلاعات زیر را تکمیل نمایید

1	Last Name:	First Name:	Middle Name:
	Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:
2	Last Name:	First Name:	Middle Name:
	Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:
3	Last Name:	First Name:	Middle Name:
	Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:
4	Last Name:	First Name:	Middle Name:
	Date of Birth (mm / dd / yyyy):	Age:	E-mail Address:

IMAM MAHDI ISLAMIC CENTRE OF TORONTO

7340 Bayview Ave, Thornhill, ON L3T 2R7 | T: (905) 882-1200 | W: <https://imammahdi.live/> | E: [info@imammahdi.live](mailto:info@imammahdi.live)  
REGISTERED WITH THE FEDERAL GOVERNMENT OF CANADA AS A CHARITABLE ORGANIZATION (#86032 561 RR0001)

# MEMBERSHIP APPLICATION FORM



I/We hereby certify that all information provided on the membership application form is correct.

من/ما گواهی میدهم که تمامی اطلاعات داده شده برای فرم درخواست عضویت صحیح می باشد

I/We agree to abide by the rules and regulations of the IMIC of Toronto, including any amendments or resolutions that may have been or will be passed, accepted, or adopted at any time.

من/ما موافقم که از قوانین و دستورات مرکز اسلامی امام مهدی ع شهر تورنتو تبعیت کنیم. این تبعیت شامل تمام قوانین و تغییرات آن در زمان کنونی و در آینده خواهد بود

Signature of Primary Applicant:	Signature of Spouse (if applicable):
Date:	Date:

**PAYMENT INFORMATION**

**YEARLY & MONTHLY MEMBERSHIP DUES (PLEASE CHECK ONE BOX ONLY)**

- Family Membership (covers children under the age of 18) ..... \$750.00/yr | \$62.50/month
- Single Membership ..... \$375.00/yr | \$31.25/month

<div style="background-color: #e0e0e0; text-align: center; padding: 2px; border: 1px solid black;"><b>CHOOSE METHOD OF PAYMENT</b></div> <p><input type="checkbox"/> Cash      <input type="checkbox"/> Pre-authorized _____</p> <p><input type="checkbox"/> Visa        <input type="checkbox"/> MasterCard</p> <p>Credit Card # _____</p> <p>Expiry Date _____ / _____</p>	<div style="background-color: #e0e0e0; text-align: center; padding: 2px; border: 1px solid black;"><b>OFFICE USE ONLY</b></div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 2px;">Application Received on: _____</td> <td style="width: 50%; border: 1px solid black; padding: 2px;">Membership ID of Primary Applicant: _____</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Checked by: _____</td> <td style="padding: 2px;">Application Complete</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Date: _____</td> <td style="padding: 2px;">Submitted for Processing</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Date: _____</td> <td style="padding: 2px;">Application Approved</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">APPROVAL SIGNATURE: _____</td> </tr> </table>	Application Received on: _____	Membership ID of Primary Applicant: _____	Checked by: _____	Application Complete	Date: _____	Submitted for Processing	Date: _____	Application Approved	APPROVAL SIGNATURE: _____	
Application Received on: _____	Membership ID of Primary Applicant: _____										
Checked by: _____	Application Complete										
Date: _____	Submitted for Processing										
Date: _____	Application Approved										
APPROVAL SIGNATURE: _____											

# MEMBERSHIP APPLICATION FORM



Upon approval of membership at the IMIC of Toronto, all listed applicants are eligible and automatically a part of the Burial Assistance Program (a service that the IMIC of Toronto provides for death and burial rites). For as long as the applicants remain members in good standing, they are vesting into the Program as outlined below.

با پذیرش عضویت در مرکز اسلامی امام مهدی عج، همه متقاضیان در فرم درخواست عضویت واجد شرایط هستند، که تحت پوشش برنامه کمکی خاکسپاری قرار بگیرند (خدماتی که که مرکز اسلامی امام مهدی عج شهر تورنتو برای متوفی و مراسم خاکسپاری فراهم میکند). مشروط بر اینکه، تا زمانی که متقاضیان عضویت، حق عضویت خود را بصورت مستمر و در زمان تعیین شده پرداخت کرده باشند بطور حتمی طبق جدول مذکور از مزایای برنامه خاکسپاری بهره مند می شوند

	Payable By the IMIC of Toronto	Payable By Member
2 <sup>nd</sup> Year of Membership	20%	80%
3 <sup>rd</sup> Year of Membership	40%	60%
4 <sup>th</sup> Year of Membership	60%	40%
5 <sup>th</sup> Year of Membership	80%	20%
6 <sup>th</sup> Year of Membership	100%	

A member upon turning 18 still benefits from the number of years vested, whilst he was categorized as a child under his parent's application.

فرزندانی که به سن هجده سالگی میرسند ، آن سالهایی را که به همراه خانواده عضو بوده اند را می توانند بعنوان سابقه خود داشته باشند

By submitting this form, you are confirming that you have read and understand all of the above and are aware that membership payments are **non-refundable**.

با تحویل فرم درخواست عضویت، شما تایید می نمایید که تمام مفاد فرم را خوانده و متوجه شده اید و آگاهی دارید که حق عضویت غیر قابل برگرداندن می باشد

IMAM MAHDI ISLAMIC CENTRE OF TORONTO

7340 Bayview Ave, Thornhill, ON L3T 2R7 | T: (905) 882-1200 | W: <https://imammahdi.live/> | E: [info@imammahdi.live](mailto:info@imammahdi.live)  
REGISTERED WITH THE FEDERAL GOVERNMENT OF CANADA AS A CHARITABLE ORGANIZATION (#86032 561 RR0001)