

AL AZHAR MASJIED

Keizersgracht Street, District Six
P O Box 12583, Mill Street, Cape Town 8010



MEMBERSHIP FORM

Please fully complete this form. Return to the Mosque or to one of the designated collectors.

Full Name: _____ Date of Birth: / / Male Female

Identity No. _____

Address: _____ Tel No (Home) _____

_____ Mobile No: _____

Postal Code: _____ Email: _____

How many years have you been frequenting/attending the mosque? _____

Please list all members/dependents in your household.

Dependents	Full Name	Date of Birth	Identity No. /Birth Certificate No.
<u> 1 </u>	_____	<u> </u> / <u> </u> / <u> </u>	_____
<u> 2 </u>	_____	<u> </u> / <u> </u> / <u> </u>	_____
<u> 3 </u>	_____	<u> </u> / <u> </u> / <u> </u>	_____
<u> 4 </u>	_____	<u> </u> / <u> </u> / <u> </u>	_____
<u> 5 </u>	_____	<u> </u> / <u> </u> / <u> </u>	_____

All males and females over the age of 18 must hold their own membership. Please complete a separate membership form.

Signed: _____ Date: _____

For Office Use Only

Name of Member: _____ Total number of dependents: _____

Membership No: _____ Date: _____