

Membership Application

Membership Type: FULL ASSOCIATE

Full Name: _____

Spouse Name: _____

Address of Primary Residence: _____

Home Telephone: _____ E-Mail: _____

Referring Jamaat: _____

List your Household Dependents:

	FIRST NAME	LAST NAME	RELATIONSHIP	DATE OF BIRTH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I/We hereby apply for membership in Anjuman-e-Asghari. I/We agree to abide by the rules and regulations as laid down in the constitution of Anjuman-e-Asghari, including any amendments that may be made from time to time. I/We acknowledge that the approval of my application is subject to the approval of the Executive Committee of Anjuman-e-Asghari in accordance with the Constitution thereof.

Applicant Signature: _____ Spouse Signature: _____ Date: _____

Applicants must have sponsor(s) that are Full members in good standing of the Anjuman-e-Asghari for the past five (5) consecutive years. Applicants must also provide proof of residency, referring Jamaat's letter, and any other information that Anjuman-e-Asghari deem necessary.

If applying for Full Membership, you need names and signatures of five (5) Full members of Anjuman-e-Asghari as your sponsors or One (1) sponsor if applying for Associate Membership.

Sponsor1 Name: _____ Signature: _____

Sponsor2 Name: _____ Signature: _____

Sponsor3 Name: _____ Signature: _____

Sponsor4 Name: _____ Signature: _____

Sponsor5 Name: _____ Signature: _____

IMPORTANT NOTE FOR SPONSOR(S): By signing this form, each of the sponsors, hereby certify that he/she is and has been a member in good standing of Anjuman-e-Asghari for at least the five (5) consecutive years immediately preceding the date of this application.