

Shabab-ul-Eidiz Zahabi, Mississauga

1605 ARGENTIA ROAD,
MISSISSAUGA, ON - L5N 2W9
www.mississaugashabab.com



Membership Form

First Name: _____ Last Name: _____

Fathers Name: _____ E-Jamaat No. _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Member type: _____

Birthday (MM/DD/YYYY): _____

Phone (Home): _____ Phone (Cell): _____

Phone (Work): _____ Fax: _____

Email 1: _____

Email 2: _____

Preferred Method of Contact: Phone / Email

Current Occupation: Student / Employed / Business

Which Shabab Activities interest you the most? (Circle all that apply)

Deeni / Educational / Sports / Social

Other: _____

Where can you help Shabab the most?

Payment Amount: \$52 \$35 (Student Only)

For Office use only	Date Received:
Fees Paid: Y / N	Initials:
ID Card Issued: Y / N	Initials: