CLEAR FORM FILLABLE FORM PRINT FORM

ICNA SISTERS CANADA

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ASSOCIATION FORM

Lets join together to seek Allah's pleasure.

- ✓ I agree with the Aqeedah, Goal, Methodology and Program of the ICNA SISTERS CANADA
- ✓ I want to extend my support and to cooperate in its struggle
- ✓ I want to follow Islam in my life.

May Allah (SWT) enable me to fulfill this pledge , Ameen

CONTACT INFORMATION

Please fill in CAPITAL LETTERS

Signature _____

Date signed _____
yy/mm/dd

Last name

First name

Street **Unit#**

City **Province**

Postal code **Country**

Home# - - **Work#** - - **ext.**

Cell# - -

E-mail

Signature of President: _____

Date signed _____
yy/mm/dd