CLEAR FORM FILLABLE FORM PRINT FORM

ICNA SISTERS CANADA

391 Burnhamthorpe Rd E, Oakville, ON L6H 7B4
Tel: 647-464-2271
E-mail: icnasisterscanada@gmail.com • Web: www.icnasisters.ca/

MEMBERSHIP FORM

Lets join together to seek Allah`s pleasure.

I Agree with the Aqeedah , Goal, Methodology and Program of ICNA Sisters Canada and extend my cooperation in fulfilling this program.

May Allah give me the strength to fulfill the responsibility of living in submission to Him. *Ameen*

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