

MUHAMMADI WELFARE ASSOCIATION INCORPORATED



ABN: 58 147 351 694
Registered Charity No: CFN11999

Lot 2, 81-89 Clifton Avenue, Kemps Creek 2178
website: www.muhammadiwelfare.org.au
email: info@muhammadiwelfare.org.au

Membership Application Form (please tick suitable square box)

New Membership

Membership Renewal, Proposer not required

Section 1 Details of Applicant

1.1 Last Name _____ First Name _____

1.2 Address _____

1.3 Phone _____ (Home) _____ (Mobile)

1.4 Email _____ ; _____ (alternate)

1.4 Age _____

1.5 Date since residing in NSW _____

Section 2 Previous Membership Details

(NOTE: Sections 2.1, 2.2, 2.3 are not required for renewal)

2.1 Have you been a member of MWA at any time prior to this application Yes/No

2.2 If, you ticked 'Yes' in '2.1' above, please provide in-brief, the reason for lapse of the membership of MWA, in the space provided here: _____

2.3 Period of previous MWA membership, if known From (Year) _____ To (Year) _____

2.4 Have you been expelled from MWA or similar organization in last 5 or 10 years. Yes / No. If yes please give reason of expulsion _____

2.5 Have you been (in the past) or are you (currently) a member of any other organization, please provide details in the Table below:

Organization Name	Membership Details		
	Membership No.	Date, when first joined	Period

Section 3 Declaration by the Applicant

I confirm that the information provided in this form is correct to the best of my knowledge and belief. I also confirm that I am eligible to become a member of the MWA **as per MWA constitution clause 4.1** and hereby solemnly declare that:

- i. I am above 18 years old;
- ii. I am a resident of the State of the NSW for a period of not less than 6 months at the time of signing this application;
- iii. I am a follower of Ithna Aashri Islam;
- iv. I shall abide by the MWA Constitution and code of conduct (as adopted) as a whole in its entirety;
- v. I shall keep the MWA aware of any changes to the information provided in this form, and
- vi. enclosed is the membership fee of AS\$ _____.

Signature of the Applicant _____ Date _____

Proposed by (name) _____ Signature _____

(NOTE: Proposer name and signatures are not required for renewal)

For office use:

Date of application received _____

Membership Committee Decision Recommended/Not Recommended Sign/Date _____

Executive Committee Decision Approved/Not approved Sign/Date _____

Membership fee received on _____ Membership Approval Number _____

Secretary _____