



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
Postal Address: PO Box 6, Guildford, NSW 2161

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		

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 am above 18 years old;
- 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;
- I am a follower of Ithna Aashri Islam;
- I shall abide by the MWA Constitution and code of conduct (as adopted) as a whole in its entirety;
- I shall keep the MWA aware of any changes to the information provided in this form, and
- enclosed is the membership fee of A\$.

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