**Muslim Association of Milton**

# **Membership Renewal Application**

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| I hereby state and confirm that I would like my 2019 membership renewed. |
| **Name** |  |
| **Email** | I consent to receiving all communications from MAM through email |
| **Address** |  |
| **Phone** |  |
| **Date** |  |
| **Signature** |  |

**Next Steps**

1. Please submit this completed application by regular mail at

4269 Regional Road 25, Oakville, ON, L6M 4E9

 Or you can scan and email at info@miltonmasjid.com

1. Pay the membership fee by Cheque or Credit Card only.
2. Receive confirmation in writing that your membership renewed.

*Note: Membership fee is not entitled for Tax deductible receipt.*

**Reserved for Office Use**

|  |  |
| --- | --- |
| **Date** |  |
| **Notes** |  |
| **Reviewed By** |  |
| **Membership#:** |  |