

ISLAMIC SHIA ITHNA-ASHERI ASSOCIATION OF EDMONTON MEMBERSHIP  
APPLICATION

**GENERAL INFORMATION:**

Full Name:

Address:

City, Postal

E-Mail:

Phone:

Name of Spouse:

Spouse Maiden  
Name:

Children's Names:  
(If Applicable)

NAME

AGE

NAME

AGE

NAME

AGE

NAME

AGE

**CATEGORY OF APPLICANT MEMBERSHIP:**

**WHAT MEMBERSHIP WOULD YOU LIKE TO APPLY FOR?**

FULL MEMBER (*MUST FILL OUT CRITERIA IN SECTION B*)

ASSOCIATE MEMBER (*YOU MAY SKIP SECTION B*)

**SECTION A:**

Are you a member of the Shia Ithna-Ashari Faith?

YES

NO

Are you over the age of 18?

YES

NO

If applicable, Is your spouse a member of the Shia Ithna-Ashari Faith?

YES

NO

Are you a legal resident of Canada

YES

NO

Have you ever been rejected for jamaat membership, Had your membership revoked or suspended?

YES

NO

**SECTION B: FULL MEMBERSHIP CRITERIA**

<b>PLEASE ANSWER THE FOLLOWING: (You must answer “yes” to one of the following to be considered).</b>	<b>YES</b>	<b>NO</b>
Have you been an Associate Member for the last 3 consecutive years?		
Have you been a member of a formal North American Shia Ithna-Ashari organization for the past 3 consecutive years prior to applying for membership at this Jamaat?		
Are you or your spouses’ parents current members of a formal North American Shia Ithna-Ashari organization, and you are applying for the first time as a member of any jammat (without a gap of over 12 months without membership) ?		

**SECTION B: REFERENCES:**

*YOU MUST HAVE SIGNATURES OF FIVE FULL MEMBERS TO BE IN GOOD STANDING?*

\_\_\_\_\_  
NAME OF REFERENCE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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NAME OF REFERENCE

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SIGNATURE

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DATE

*I CERTIFY THAT ALL INFORMATION IN THIS FORM IS COMPLETE AND TRUE. I UNDERSTAND THAT MY MEMBERSHIP AND APPLICATION MAY VOID IF THERE ARE ANY MISCONCEPTIONS, FALSE STATEMENTS OR INFORMATION(S) OR INFORMATION IS NOT WHOLE, MISLEADING OR MISQUOTED.*

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF SPOUSE OF APPLICANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE