BAB UL ILM
BANI HASHIM SOCIETY
MISSISSAUGA, ONTARIO

Pledge is mandatory for funeral membership

Conditions for funeral membership:

- Membership will be cancelled immediately, and all benefits will be terminated if pledge stops due to any reason such as bank account closing, insufficient funds or incorrect banking information. In case of NSF, member will have to pay NSF charges.
- Members who missed membership and after gap again applied for membership he/she must pay membership fees and pledge for missing years.
- Minimum pledge amount is $35 per month. Existing members whose pledge is less than $35 need to change the amount to minimum $35 or more.
- Health information needs to be provided in membership form. If Health condition is not good, $100 pledge will be paid on monthly basis and need to add one of the sons or daughters to have yearly membership with $50 pledge per month. In case of mother or father death, son or daughter need to continue membership.
- Age should be mentioned by year of birth and by age. Bring your government issued photo ID.
- People ages 70 or 70+, who are interested in membership, one of his/her sons or daughters must take membership. In case of mother or father death, son or daughter need to continue membership with minimum $50 pledge.
- If member is not willing to share banking information for pledge, he/she has option to pay yearly lump sum pledge.
- In the case of death, soyem and chehlum of deceased must be held in Babulilm Bani Hashim Society. If any of the events don't happen in Babulilm all expenses occurred on funeral will have to be returned to Babulilm. Soyem and Chehlum majlis will be recited by resident aalim of Babulilm. If family wants to bring any other maulana to recite majlis they should provide Hadia for resident aalim and discuss it with management.
- Deceased family will be paying all expenses on body pick and drop if body is outside 50KM range of Babulilm.
- Membership forms will be reviewed by management, and approval is on the discretion of the management
- If any of above conditions not followed, all expenses incurred on funeral will be returned to the Babulilm Bani Hashim Society.

Please sign if you agree with all above conditions.

Name: _____

Signature _____

Date _____

BAB UL ILM
BANI HASHIM SOCIETY
MISSISSAUGA, ONTARIO

Membership With Mandatory Pledge 2026-27

Email Address: _____

Applicant-1

Name: _____ **Date of Birth (YY/MM/DD):** _____

Age: _____ **Phone #:** _____ **Current Address:** _____

_____ **City:** _____ **Province:** _____ **Postal Code:** _____

Applicant-2

Name: _____ **Date of Birth (YY/MM/DD):** _____

Age: _____ **Phone #:** _____ **Current Address:** _____

_____ **City:** _____ **Province:** _____ **Postal Code:** _____

Children under 18 Details

Name: _____

Date of Birth (YY/MM/DD): _____ **Age:** _____

Name: _____

Date of Birth (YY/MM/DD): _____ **Age:** _____

Name: _____

Date of Birth (YY/MM/DD): _____ **Age:** _____

Contact Information of Next of Kin

Name: _____ **Date of Birth (YY/MM/DD):** _____

Age: _____ **Phone #:** _____ **Current Address:** _____

_____ **City:** _____ **Province:** _____ **Postal Code:** _____

Membership Level (Must Renew Annually)

Family + Burial Fund: $500	☐	**Single + Burial Fund: $350**	☐	**Sign:** _____
Burial Fund Only: $600	☐	**Burial Fund Only: $400**	☐	**Sign:** _____

A Ziarat draw will be held every year for eligible members. Each winner will be sponsored for Ziarat only once and will not be eligible to participate in future Ziarat draws.

Membership Status

New Member: ☐ **Renewal Member:** ☐ **Book#:**_____ **Receipt#:**_____

Health related Questionnaire

- Do you have any serious illness or terminal medical condition? Yes ☐ No ☐

  If yes, please explain _____

  _____

Medical Declaration

I hereby declare that the information provided by me is true and complete to the best of my knowledge. I understand that this information may be used by the organization only for funeral, emergency, or administrative purposes.

I have applied for the membership of the Bani Hashim Society. I understand that my application will require an approval from management for an inclusion. A formal letter of approval will be mailed to me for the record, within 60 days from 30th of Safar. Membership is only limited to residents of Canada (Citizen, Permanent Residents or individuals with protected status). Membership expires each year by Zilhajj 29th.

Signature of applicant: _____ **Date:** _____

Signature of spouse (only if applying for a joint membership): _____**Date:**_____

Office Use Only

Payment Method

Credit Card: ☐ **Debit Card:** ☐ **Cheque:** ☐ **Cash:** ☐

Name of person processing an application: _____

BURIAL SERVICES ARE PROVIDED BY BANI HASHIM SOCIETY, BAB UL ILM.

In Ontario, the average cost of burial is around **$11,000 to $12,000** but Bani Hashim Society offers burial service **free of cost** to its members.

The services available to Bani Hashim Society Funeral Program membership includes:

1. Ghusal e Mayyat
2. Kaffan e Mayyat
3. Namaz e Janaza
4. Purchase of Burial Plot
5. Opening/Closing the Grave at the Burial Plot
6. Majlis e Soyem will be arranged by Bani Hashim Society Management at Babulilm 900 Eglinton Ave East, Mississauga ON. This includes hall booking and disposable cutlery. Charges for food served at the majlis and recitation majlis by Babulilm resident maulana are not included.
7. Majlis e Chehlum will be held at Babulilm Bani Hashim Society. This doesn't include hall booking, disposable cutlery and Babulilm resident maulana hadya and has to be paid.

Pledge form with Membership

Name: _____ **Phone:** _____

Address: _____

Email Address: _____

Canadian Bank or Financial Institution:

Bank Name: _____

Branch Address: _____

Account Number: _____ **Transit#:** _____

Please designate your monthly donation: ☐ **$35** ☐ **$50** ☐ **$100** ☐ **$150**

1.	$	4.	$	7.	$	10.	$
2.	$	5.	$	8.	$	11.	$
3.	$	6.	$	9.	$	12.	$

I authorize the Bani Hashim Society to process a debit in the amount of $_____on my account on the day of _____each month beginning on the date _____/_____/_____(YYYY/MM/DD). I have read and understood all the provision contained in the terms and conditions of the PAD agreement.

Signature _____ Date: _____

Terms & Conditions:

- I authorized the Bani Hashim Society to debit my account as indicated on the attached VOID cheque.
- I agree to the terms and conditions with the Bani Hashim Society until such time as written notice to the contrary is given.
- I acknowledge that delivery of my authorization to the Bani Hashim Society constitutes delivery by me to the branch of the financial institution at which I maintain an account. My financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay as indicated and to debit the amount specified to my account.
- I will notify the Bani Hashim Society in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit.
- I warrant that all persons whose signatures are required to sign on this account have signed this PAD form.

900 Eglinton Ave East, Mississauga, ON L4W 1K3 , www.banihashim.org , info@banihashim.org