Membership 2026-27

BAB UL ILM
BANI HASHIM SOCIETY
MISSISSAUGA, ONTARIO

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:** _____

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 Membership Only $300 ☐ **Single Membership only $200** ☐ **Sign:** _____

Burial Fund Only: $600 ☐ **Burial Fund Only: $400** ☐ **Sign:** _____

Membership Status

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

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). 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 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: _____

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