Muslim Association of New Brunswick



1100 Rothesay Road Saint John, NB E2H 2H8 CANADA (506) 633-1675 info@manb.ca www.manb.ca

In the Name of God, the Compassionate, the Merciful

Primary Member's Info: (Please, print clearly)					
Name:				E mail	·
name.	-	(Last)	(First)	E man	·
Home Addre	-cc.			Home Phone	:
Trome ridge		(Street)	(Apt. #	Other (cell)	:
		(City)	(Province)	Fostar Code. Status in Canada:	· · · · · · · · · · · · · · · · · · ·
Spouse's Information:					
spouse s ii	Hommatio	11.			
Name:		(Last)	(First)	E mail:	:
		,			
Dependent's Information: (Son/daughter over18 years of age)					
1.	Name:		M/F:	Age:	
2.	Name:		M/F:	Age:	:
3.	Name:		M/F:	Age	t
Terms and Conditions:					
 ☐ I attest the information provided above is correct and current. ☐ I have read and in agreement with the constitution of MANB and will conduct myself as an MANB member in light of Quran, Sunnah and Hadith. ☐ I would like to subscribe to MANB mailing list to receive community updates. 					
Membership Dues (Check applicable box):					
	INDIV	IDUAL		FAMILY	7
Indiv	idual:	\$25/yr	Family (Primary - Additional Dependent	-	= \$50/yr = =
Total Due: = Total Due: =				=	
Signature (only complete applications with payment will be accepted):					
	Signature:			Date:	
OFFICE USE ONLY					
Payment Method: Cash Cheque Total Amount Due : \$ Amount paid at registration: \$					
Member:	General Associate	MANB	Official Signature:		Date: