

THE MUSLIM KHOJA SHIA ITHNA-ASHERI COMMUNITY OF PETERBOROUGH

4 Burton St, Peterborough, Cambridgeshire PE1 5HD | E: secretariat@mksipeterborough.org
T: 01733 568592 | F: 05601 127947 | Registered Charity No 273130

JAMAAT MEMBERSHIP FORM

PERSONAL DETAILS Please provide your details below (members must be at least 18 years old)									
Title:			Surname:						
First Nam	ne(s):								
Date of B	irth:		Marital Status:	Single / Marr	Single / Married / Divorced / Widowed				
Address:									
Postcode:									
Home Tel:									
Mob Tel:									
Work Tel	:								
Email:									
Occupation:									
FAMILY	FAMILY DETAILS Please provide details of all family members living in your household								
Title:	Surnar	ne:	First Name(s):	Relatio	nship:	Occupation:			
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laws and MKSI Pet application	apply fo constitu erborou on was n	r membership of the I tion of the communit gh community, which nade or at the discreti	MKSI Community of Po y. I also agree to pay t shall be applied on th on of the Manageme	eterborough a the subscriptio the 1 st of the mo	n as presonth in wh	e to abide by the cribed by the			

Please submit completed form alongside a Reference Letter from your current Jamaat if applicable and two referees who should be Members of MKSI Peterborough Community for at least three (3) consecutive years with no subscription arrears.

REFEREE NAME	REFEREE ADDRESS	MEMBERSHIP NUMBER	REFEREE SIGNATURE

The referees must not be an immediate family member, nor must they be part of the MKSI Peterborough Office Bearers or Management Committee. For the purpose of this form, the definition of "immediate family member" will be one or more of the following: spouse, parents, grandparents, siblings, and/or grandchildren.



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Please tick if a Reference Letter from your current Jamaat is included.

For Office use only:							
1	Have two referees been supplied?	YES	NO				
2	Are the two referees members and have colbe so for at least 3 years?	YES	NO				
3	Is membership payment for the two referee date?	YES	NO				
4	Has a Reference Letter been included if app	YES	NO	N/A			
5	Has the form been completed fully?	YES	NO				
6	Has the applicant been refused membership last six months?	YES	NO				
7	If applicable, has a previous membership for the applicant been terminated within one Georgian calendar year?		YES	NO	N/A		
8	Does the member fall into the eligibility criteria as prescribed by clause 3a of the constitution?		YES	NO			
9	Has the applicant made the required payme	YES	NO				
For an application to be considered one of the answers in bold must apply to each question.							
Checke	ed by						
Received by							
Next N	Management Committee meeting date						
Decision			ACCEPT	RE.	JECT		
Memb	ership start date						
Note to Treasury: If accepted please ensure the member's status on the Subs System is ON							