

The Muslim Community of Edmonton (MCE) Mosque

10721 – 86 Ave • Edmonton, AB • T6E 2M8 • Tel: 432-0208



Membership Application Type: _____

Personal Information

Surname: _____ First name: _____

Mailing address: _____ Postal code: _____

Home phone number: _____ Other phone number: _____

E-mail address: _____ Occupation: _____

Co-application for Spouse

Check box if you are applying for membership for your spouse.

Surname: _____ First name: _____

E-mail address: _____ Phone: _____

References

Please provide two (2) character references from the Muslim community.

1. Full name: _____ Phone number: _____

2. Full name: _____ Phone number: _____

Consent

Per the MCE's bylaws (Article V, Section 6.c.ii), I hereby acknowledge that my/my spouse's name(s) will be included in the MCE members' list, and made available only to MCE members upon request. My membership will otherwise not be made public or distributed without my consent.

Signature: _____ Date: _____

For office use only

Date application received: _____ Received by: _____

Annual membership fees **\$50 / Applicant** **\$100 / Applicant and spouse**

Date fees paid: _____

*The Board of Directors has reviewed and Approved / Denied this application on (date) _____.

*The Board of Directors reserves the right to approve/deny a membership application after reviewing it.