

MWA Funeral Service Membership Application Form

Member Details

First Name *			
Last Name *			
Date of Birth *		Age at last Birthday	
Gender *	Male	<input type="checkbox"/>	
	Female	<input type="checkbox"/>	
Address *	Door No		
	Street Name		
	Town/City		
	Postcode		
Telephone *	Home *		
	Mobile		
	Work		
Email	Personal		
	Work		
Office Use only			
Member No			
Database ID			

Dependants (to which membership extends**)

First Name	Last Name	Date of Birth	Relationship	Male	Female

* Mandatory fields

** Fully paid membership covers wife and all children under the age of 18. (Daughters are covered until married)

Declaration

I hereby declare that I shall obey all the relevant rules and regulations of the Muslim Welfare Association, and I understand I shall not be able to reclaim any paid contribution if I leave the association. I understand that my paid contribution shall not be spent other than the stated purpose of the Muslim Welfare Association funeral service.

Signature..... Date

Please refer to MWA Funeral Service information pack for details on payments required and services provided. Alternatively contact the MWA committee (www.mwahh.org).

For official use only

Member number.....

Member name.....

Committee signatures/position (*Only two of the three executive committee members (President, General Secretary or Treasurer) to sign and authorise*)

1.....

2.....

3.....

MWA stamp

Date