



The B C Muslim Association
MEMBERSHIP RENEWAL FORM

Note: You may also renew your membership online:

http://www.thebcma.com/paypal/membership.html

Branch: _____ Member Number: _____

(Note: ALL Renewals Require a Member Number)

FIRST AND MIDDLE NAME: _____ LAST NAME: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

16 or OVER: _____ 65 or OVER: _____ FULL TIME STUDENT: _____ GENDER: Male _____ Female _____

OLD ADDRESS/ PHONE NO (if applicable):

I HEREBY AUTHORIZE BCMA TO COMMUNICATE WITH ME ELECTRONICALLY.
I HEREBY CERTIFY THAT ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____ MEMBER # _____ DATE: _____

MEMBERSHIP FEES \$50 FOR 5 YEARS
FULL TIME STUDENTS & SENIORS: \$25 FOR 5 YEARS

FOR OFFICE USE ONLY

AMOUNT RECEIVED \$ _____ RECEIPT NUMBER: _____

DATE RECEIPT ISSUED: _____ DATE DEPOSITED: _____

SIGNATURE AND MEMBER NUMBER OF BRANCH DIRECTOR _____ DATE: _____

PERIOD: FROM 20 _____ TO: 20 _____ ISSUED BY: _____ DATE: _____