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: _____
(Last) (First)

Home Address: _____ Home Phone: _____
(Street) (Apt. #) Other (cell): _____
_____ Postal Code: _____
(City) (Province)

Status in Canada: _____

Spouse's Information:

Name: _____ _____ E mail: _____
(Last) (First)

Dependent's Information: (Son/daughter over 18 years of age)

1. Name: _____ M/F: _____ Age: _____
2. Name: _____ M/F: _____ Age: _____
3. Name: _____ M/F: _____ Age: _____

Other dependent's Information: (Son/daughter under 18 years of age)

1. Name: _____ M/F: _____ Age: _____
2. Name: _____ M/F: _____ Age: _____
3. Name: _____ M/F: _____ Age: _____

Membership Dues (Check applicable box) :

☐ INDIVIDUAL

Individual: $150

Total Due: = _____

☐ FAMILY

Family (Primary + spouse): = $250

Additional Dependent (over 18yrs): $50 x _____ = _____

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:** _____

MEMBERSHIP VALID FOR ONE CALENDAR YEAR FROM DATE OF APPLICATION