

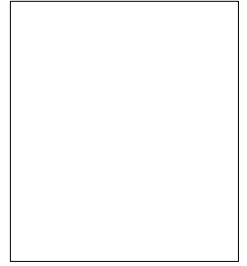


In the name of ALMIGHTY ALLAH, the Most Beneficent, the Most Merciful

KALIMA TRUST

(Reg No : 183/2017)

(Kumari Arabian Living Integrated Muslim Association)



Membership Registration Form

Application No : _____ Date : _____

Name : _____

Date of Birth : _____

Father's Name : _____

Jamath Name : _____

Address in Abroad

Company Name : _____

Contact Number (Mobile) : _____ Office / Home : _____

E-mail ID : _____

Address in India

Door Number & Street : _____

Contact Number : _____

Native Place & District : _____

Declaration

I read and fully understand the by-law of this association and agree to abide by the rules and regulations.

Membership Fee (Monthly) : Currency : _____

Date : _____ Signature : _____

FOR OFFICE USE ONLY

As per the decision of the Executive Committee held on _____ in _____

Mr. _____ is admitted as a member of this association and his

name and membership number is _____

President

Secretary

Treasurer
