

Registered under  
Society Act



Place  
Photograph  
Here

## APPLICATION FORM FOR MEMBERSHIP

Name of the Applicant .....

Age ..... Marital Status ..... Family in Dubai:  Yes  No

No. of Childrens ..... Age Group (1-12) ..... 12 and Above .....

Address in Dubai (Company Name) .....

Post Box No. .... Emirate ..... Occupation .....

Tel. No. Off ..... Res ..... Mobile .....

Fax No ..... E-mail .....

Permanent Address in Mahe .....

..... Telephone .....

I do hereby declare that I have read the memorandum of Association and the rules and regulations of Mahe Muslim Welfare Association and shall abide by the rules and regulations and decision of the society being taken from time to time. I further undertake and agree to pay my monthly subscription of AED ..... regularly without fail if I am admitted as a member.

Date .....

Signature .....

Submit your application with any of our executive members

### FOR OFFICE USE ONLY

Membership No. .... Date .....

Subscription Enrolled by .....

President

Secretary