



Muslim Social Services Membership Form

Personal Information:

Full Name: _____

Date of Birth: ____ / ____ / ____ / ____

Gender: Male / Female / Other

Contact Number: _____

Email Address: _____

Address: Street Address: _____

City: _____ State/Province: _____ Zip Code: _____

Do you wish to join our mailing list to hear about future events? Y /N

Membership Type: Individual Membership: \$20.00 Business Partner Membership: \$100.00

Payment Information:

Payment Method: Cash / Check / Online Transfer

Cheque:

Enclosed is my gift of \$_____ payable to Muslim Social Services KW.

CREDIT CARD: Visa Mastercard

Card Number _____

Expiration Date _____ CVN _____

I authorize MSSKW to debit my credit card account.

Signature _____

Date _____

Etransfer of MSS is:

msskwdonations@gmail.com

Terms and Conditions:

I, the undersigned, hereby apply for membership with Muslim Social Services (MSS). I understand and agree to abide by the rules and regulations set forth by the MSS Board.

I acknowledge that the membership fee is \$20.00 for individuals and \$100.00 for business partners.

I agree to fulfill my financial commitment promptly.

Signature: _____ Date: ____/____/____/

Please submit the completed form along with the membership fee to the MSS office or use the provided online payment details.

Thank you for your commitment to Muslim Social Services! Your support contributes to the growth and success of our community programs.