



Associated Membership Application Form

Please write clearly with correct spellings.

(Documents with wrong spellings will create problems for you at later dates)

Applicant's Name Mr/Mrs /Miss/Ms			
Date of Birth			
Marital Status			
Full Address			
Telephone Home/Mobile			
Email			
Number of children	Name	DoB	Sex
I certify that I am aged eighteen and over	YES		NO
I certify that I will comply with the Constitution of the Khoja Shia Ithna-asheri Muslim Community of Leeds			
I hereby apply as:	Family Member	Single Member	Student
Are you suffering from any disability:	NO		YES (Please Specify)
Signature:			
DATE			

The Khoja Shia Ithna-asheri Muslim Community  
of Metro Leeds  
166 Shadwell Lane  
Leeds LS17 8AD