Durham United Ahlul Bayt Centre

Serving Durham since year 2012 (registered)

Membership Form Application

Date: _____

Name: Mr/ Mrs /Miss _____

Address:_____ City:_____ Postal Code: _____

Email Address: _____

Telephone Home: _____ Telephone Cell: _____

Membership Status: Single / Family

Family Information: Spouse Name: _____

Children Information: (Under 18 years/under 26 if recognized as student.)

1. Name: _____ Date of Birth: _____ Son / Daughter
2. Name: _____ Date of Birth: _____ Son / Daughter
3. Name: _____ Date of Birth: _____ Son / Daughter
4. Name: _____ Date of Birth: _____ Son / Daughter

Monthly Pledge on behalf of ____ an Individual or ___ a Business:

I pledge to contribute an amount for every month to facilitate smooth functioning of Durham United Ahlul Bayt Centre. *This amount will be processed on 15th of every month or next business day.*

$200 $100 $50 $25

Pledge effective as of: _____.

Enter the following information in regards to your account or provide a void cheque:

Bank Name & Number: _____

Transit Number:_____ Account Number:_____

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I give my consent to use my telephone and address in DUA directory Yes / No

Signature: _____

Durham United Ahlul Bayt Centre
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