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ISLAMIC SOCIETY OF QUEENSLAND INC. MEMBERSHIP APPLICATION FORM

I _____
(FULL NAME OF APPLICANT)

OF _____
(RESIDENTIAL ADDRESS)

COUNTRY OF ORIGIN: _____

RESIDENTIAL PHONE: _____ MOBILE: _____

EMAIL: _____

hereby apply for membership to the Islamic Society of Queensland Inc.

I undertake to abide by the Constitution of ISQ Inc and all other rules and regulations set out by the elected committee of this Society.

I declare that I am a Sunni Muslim.

I approve ISQ to notify me through electronic means.

SIGNED BY: _____ DATE: _____

PROPOSED BY: _____ SIGNATURE: _____ DATE: _____

SECONDED BY: _____ SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Approved/Rejected by Executives: _____ Date: _____

Fee Received (\$): _____ Received by: _____

Class Of Membership: _____

Financial Year Paid: _____

Comments: _____