



**ISLAMIC MALAY AUSTRALIAN ASSOCIATION OF  
NEW SOUTH WALES.**

*PERSATUAN MELAYU ISLAM AUSTRALIA NEW SOUTH WALES*

**MEMBERSHIP APPLICATION FORM.**

**PERSONAL INFORMATION (Please fill in relevant information)**

Name.....DOB.....

Spouse Name.....DOB.....

*(Children under 18 years only)*

Child Name

1.....DOB.....

2.....DOB.....

3.....DOB.....

4.....DOB.....

*(Children over 18 years should join separately as individual)*

**ADDRESS**

Street No.....Street Name.....

Suburb.....State.....Postcode.....

Home Ph.....Mob. Ph.....

Email Address.....

**FAMILY MEMBERS - \$30.00 p.a**

**INDIVIDUAL - \$15.00 p.a**

*If applying by post (do not send cash) please make cheque or money order to*

*Islamic Malay Australian Association of New South Wales (IMAAAN) PO Box 236, Arncliffe NSW 2205*

*Bank: Commonwealth Bank*

*BSB: 062 103*

*Acc. No: 10089106*

*This application for membership is subject to approval by the Executive Committee.*

Nominated by member.....Date Receive.....

Date Processed.....Processed by.....Receipt no.....