

Premier Business Centre, 47 - 49 Park Royal Road, London NW10 7LQ T: ++(0)2080 900 500, F: ++(0)2089 630 343

Membership Application Form PLEASE COMPLETE IN CAPITAL LETTERS

Renewal or New:

Title	First Name		Surname	D.O.B Or age		Contact Number		Email Address (PRINT Please)	
Address: I/we wish to apply for the membership of BEAMA and will abide by the Constitution of the Association. I/we wish/do not wish to share my email address with other BEAMA members. I/we do/do not consent to my details, including my email address being listed on any BEAMA website. I/we have paid for my/our BEAMA Membership (insert amount) £ Signed: Date:									
FOR OFFICE USE ONLY:									
Registration Number :									
Date Application received :					o: .				
PROPOSER (name): SECONDER (name):					Signature : Signature :				
SECONDER (Haille):					oignature :				
PAYMI	ENT DETAIL	S: To be co	ompleted by Com	mittee Memb	er				
Full Name Amount					Cash/Cheque/Bank Transfer Collected By				

Terms and Conditions:

All the Above

1. Membership is open to any Muslim residing in the United Kingdom, being of East African connection regardless of sex, age or disability.

- 2. Application for Membership shall be proposed and seconded by *two* existing members of *BEAMA* both of whom must be personally acquainted to the applicant.
- 3. Applicants for membership <u>not</u> having sufficient personal acquaintances, within the Association may be proposed and seconded by <u>two</u> Committee Members of BEAMA.

Total amount

Date

- 4. All Applications for Membership will be approved by the Executive Committee of *BEAMA*.
- 5. An annual membership Fee of £10 per annum per person over the age of 18.
- 6. The membership runs from 1st January to 31st December each year.

For Year:

- 9. If the Membership is NOT renewed within 4 weeks from the date of expiry the membership will be deemed cancelled.
- 10. If you voluntarily cancel your membership at any time, BEAMA will not refund any amount paid.