United Sri Lankan Muslim Association of Australia

Membership Application Form

Please read the instructions overleaf prior to filling this form. Please type or print in block letters

Membership Category

- [ ] Family
- [ ] Single
- [ ] Affiliate
- [ ] Pensioner
- [ ] Pensioner Family
- [x] Student

Applicant Details

Name: Shadir Hassen

Address: [redacted]

Phone No: [redacted]

Email:

Spouse Details

Name:

Address:

Phone No:

Email:

Children's Details (Below 18 Years Only)

Name	Gender	Year of Birth

I hereby apply for membership of USMAA. I agree to abide by the "Constitution and Rules of USMAA" and have read and understood the instructions printed overleaf.

Signature of Applicant Date

Nominators Details

Nominator has to be a current Financial Member of USMAA

Nominator Name:

Signature Date

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- [ ] Pensioner Family
- [ ] Student

Applicant Details

Name: ALEF MOHIDEEN

Address: [redacted]

Phone No: [redacted]

Email: [redacted]

Spouse Details

Name:

Address:

Phone No:

Email:

Children's Details (Below 18 Years Only)

Name	Gender	Year of Birth

I hereby apply for membership of USMAA. I agree to abide by the "Constitution and Rules of USMAA" and have read and understood the instructions printed overleaf.

Signature of Applicant [redacted] Date 05/9/15

Nominators Details

Nominator has to be a current Financial Member of USMAA

Nominator Name:

Signature Date

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- [ ] Pensioner Family
- [ ] Student

Applicant Details

Name: RIZAN ABDEEN

Address: [redacted]

Phone No: [redacted]

Email: [redacted]

Spouse Details

Name: —

Address:

Phone No:

Email:

Children's Details (Below 18 Years Only)

Name	Gender	Year of Birth
—		

I hereby apply for membership of USMAA. I agree to abide by the "Constitution and Rules of USMAA" and have read and understood the instructions printed overleaf.

[redacted]

Signature of Applicant

Date 08/09/2018

Nominators Details

Nominator has to be a current Financial Member of USMAA

Nominator Name:

Signature

Date

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- [ ] Pensioner Family
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Applicant Details

Name: MOHAMED ZAFAR ISSADEEN

Address: [redacted]

Phone No:

Email:

Spouse Details

Name: SHAZRA ABDEEN

Address: AS ABOVE

Phone No: [redacted]

Email:

Children's Details (Below 18 Years Only)

Name	Gender	Year of Birth
LAANA ZSSADEEN	~~(M)~~ (F)	[redacted]

I hereby apply for membership of USMAA. I agree to abide by the "Constitution and Rules of USMAA" and have read and understood the instructions printed overleaf.

[redacted]

Signature of Applicant

8/09/2018

Date

Nominators Details

Nominator has to be a current Financial Member of USMAA

Nominator Name:

Signature

Date