بسم الله الرحمن الرحيم

USMAA

UNITED SHRI LANKAN MUSLIM ASSOCIATION IN AUSTRALIA

167/168

MEMBERSHIP APPLICATION FORM

(Please fill in BLOCK CAPITALS and refer to Page 2 for Instruction)

MEMBERSHIP CATEGORY : (Please Tick The Appropriate Box [X])

Ordinary [ ] Family [✓] Student [ ] Affiliate [ ]

NAME OF APPLICANT: Surname :- MAHMOOD

Other Names :- M. FAROOK

OCCUPATION : SPECIALIST OBSTETRICIAN/GYNAECOLOGIST

MARITAL STATUS : MARRIED MR/MRS/MISS/OTHERS : DR.

ADDRESS : [redacted]

NSW POSTCODE [redacted]

TELEPHONE NO: Residence : [redacted] Office [redacted]

NAME OF SPOUSE : S. NAJMA MAHMOOD

CHILDREN :

	NAME	MALE/FEMALE	DATE OF BIRTH
1.	AISHA Shameem	F.	[redacted]
2.	MARIUM Shanaz	F.	
3			
4			

[redacted] DATE : 1-4-93

SIGNATURE OF APPLICANT

NAME OF PROPOSER : H.M.Z. Farouqui MEM. NO :

29 Shudel St [redacted] N.S.W. 2065

[redacted] DATE : 2/4/93

SIGNATURE OF PROPOSER

FOR OFFICE USE ONLY

APPROVED / ~~NOT APPROVED~~ BY THE COMMITTEE : [redacted]

DATE : 9/5/93 SIGNATURE : [redacted]

DESIGNATION: [redacted]

IN THE NAME OF ALLAH THE MOST BENEFICENT THE MOST MERCIFUL

UNITED SRI LANKAN MUSLIM ASSOCIATION IN AUSTRALIA

165/166

USMAA

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY: *(Please circle appropriate category)*

Ordinary *Family*

Student *Affiliate*

NAME OF APPLICANT CHANDRA PUTRA LAXANA

OCCUPATION (Optional) JOURNALIST

ADDRESS [redacted]

POSTCODE [redacted]

TELEPHONE NO: [redacted]

NAME OF SPOUSE NELUFA LAXANA

NAME(S) OF CHILDREN REEDZNAN LAXANA *DATE OF BIRTH* [redacted]

RODZINA LAXANA *DATE OF BIRTH* [redacted]

DATE OF BIRTH

NAME OF PROPOSER EADIE JOLE

ADDRESS

POSTCODE

NAME OF SECONDER Imtiaz Issadeen [redacted]

ADDRESS [redacted]

POSTCODE [redacted]

Ref.

The above application for membership has been approved by the Executive Committee -

Singed by [redacted] *DATE* 9/5/93

For Executi

MEMBERSHIP FEE: PAID/~~DUE~~ $ 12/- *DATE*

162

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY: (Please circle appropriate category)

[redacted]

NAME OF APPLICANT .....MOHAMED IBRAHIM SHARIFDEAN.....

OCCUPATION (Optional)..... [redacted] .....

ADDRESS ..... [redacted] .....

..... [redacted] .....

..... POSTCODE.. [redacted] .

TELEPHONE NO: ... [redacted] ....

NAME OF SPOUSE .....N/A.....

NAME(S) OF CHILDREN .....DATE OF BIRTH..... ...

.....DATE OF BIRTH.....

.....DATE OF BIRTH.....

NAME OF PROPOSER ..Dr. Yusuf Cader.....

ADDRESS . [redacted] .....

. [redacted] ..POSTCODE.....

NAME OF SECONDER ...H. Mohiuddin.....

ADDRESS .. [redacted] .....

.. [redacted] .....POSTCODE.. [redacted] .....

The above application for membership has been approved by the Executive Committee -

Singed by ...H. Mohiuddin.....DATE..22/2/93.....
For Executive Committee

MEMBERSHIP FEE: PAID/DUE: $.....No charge..... DATE.....

USMAA

UNITED SHRI LANKAN MUSLIM ASSOCIATION IN AUSTRALIA

MEMBERSHIP APPLICATION FORM

159

(Please fill in BLOCK CAPITALS and refer to Page 2 for Instruction)

MEMBERSHIP CATEGORY : (Please Tick The Appropriate Box [X])

[redacted]

NAME OF APPLICANT: Surname :- SHUAIB

Other Names :- FIKRETH

OCCUPATION : [redacted]

MARITAL STATUS : SINGLE MR/MRS/MISS/OTHERS : .....

ADDRESS : [redacted]

POSTCODE [redacted]

TELEPHONE NO: Residence : [redacted] Office :.....

NAME OF SPOUSE : .....

CHILDREN :

NAME	MALE/FEMALE	DATE OF BIRTH
1.		
2.		
3		
4		

[redacted] DATE : 14/1/93

SIGNATURE OF APPLICANT

NAME OF PROPOSER : DR Yoosuf Cader MEM. NO :.....

[redacted] DATE : 14/1/93

SIGNATURE OF PROPOSER

NAME OF SECONDER : M. Fahmi SIGNATURE [redacted]

FOR OFFICE USE ONLY

APPROVED / ~~NOT APPROVED~~ BY THE COMMITTEE : H. Mohideen

DATE : ..... SIGNATURE : .....

DESIGNATION: .....

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$5 enclosed

P.S - Money

Received on 7/5/92 for ehlan

Paid 5.00 Prabhat.

156

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY: (Please circle appropriate category)

[redacted]

NAME OF APPLICANT ....Mr. Mohamed Naseer Rahim....

OCCUPATION (Optional)....—....

ADDRESS ....[redacted]....

POSTCODE [redacted]

TELEPHONE NO: ..[redacted]....

NAME OF SPOUSE ....—....

NAME(S) OF CHILDREN ....—.... DATE OF BIRTH....

....DATE OF BIRTH....

....DATE OF BIRTH....

NAME OF PROPOSER ....Mr. M. S. Rahim....

ADDRESS ....[redacted]....

CODE [redacted]....

NAME OF SECONDER ....Mr. Bahani Shistar....

ADDRESS ..[redacted]....

POSTCODE....

Rec $53 for change

The above application for membership has been approved by the Executive Committee

Singed by ....A. Ahmed.... DATE ....17/1/95....
For Executive Committee

MEMBERSHIP FEE: PAID/DUE: $....5.00.... DATE....

USMAA

Page 1 157/158

UNITED SHRI LANKAN MUSLIM ASSOCIATION IN AUSTRALIA

MEMBERSHIP APPLICATION FORM

(Please fill in BLOCK CAPITALS and refer to Page 2 for Instruction)

MEMBERSHIP CATEGORY : (Please Tick The Appropriate Box [X])

Ordinary [ ] Family [X] Student [ ] Affiliate [ ]

NAME OF APPLICANT: Surname :- FAROUQUE

Other Names :- HAMID MOHAMMED ZUBAIR

OCCUPATION : Senior Lecturer in Law

MARITAL STATUS : Married MR/MRS/MISS/OTHERS : .....

ADDRESS : [redacted]

POSTCODE [redacted]

TELEPHONE NO: Residence [redacted] Office : [redacted]

NAME OF SPOUSE : .....

CHILDREN (under 18 years)

NAME	MALE/FEMALE	DATE OF BIRTH
1. Karima	F	[redacted]
2. Jamila	F	
3 Mohd. Ali	M	
4 Salma	F	

[redacted] DATE : 17/1/93

SIGNATURE OF APPLICANT

NAME OF PROPOSER : DR. YOOSUF CADER. MEI. NO :.....

[redacted] DATE : 17/1/93

SIGNATURE OF PROPOSER

NAME OF SECONDER : MRS. GANEEMA TOKHI. 17/1/93

FOR OFFICE USE ONLY

APPROVED / ~~NOT APPROVED~~ BY THE COMMITTEE : H. Mhinder

DATE : 17/1/93 SIGNATURE : .....

DESIGNATION: .....

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P.S. Membership Fee (Family) = $ 12.00 Received on 7/5/93 Approved