



# New Zealand Muslim Association Inc.

(Founding member of The Federation of Islamic Associations of New Zealand)

## MEMBERSHIP FORM

BRANCH (circle one):

PONSONBY / RANUI / AVONDALE / NORTH SHORE

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Telephone: Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant should be a New Zealand citizen or hold permanent residency (PR).

1. **Attach a copy of your NZ Passport photo page/ other; PR stamp and photo page.**
2. **Attach a copy of a utility bill for address verification.**

### Declaration:

- I am a Muslim belonging to the Ahle Sunnatal JAMA'AT (Hanafee, Shafei, Hambali & Maliki) and believe/accept Prophet Mohammed (pbuh) as the last and final Prophet of Allah (SWT).
- I am of the age of eighteen (18) years or over.
- I reside within the boundary of the branch and have resided here for at least last 3 months.
- I am aware that my application is subject to acceptance by the NZMA executive's and Branch committee.
- I consent to the above details being entered into the Association's Membership register, which may be displayed and disclosed, to members and agree not to invoke provisions of the Privacy Act.
- By providing my Email address, I agree to receive regular information from the association or any associated entities or sponsors.
- I agree to abide by the Rules and Regulations of the Association.
- The information provided by me is true and correct.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Proposer of applicant:

I confirm that I am a member of the NZMA and the above named person is a Muslim, over the age of eighteen (18) years, living within the branch boundary area and is known to me for \_\_\_\_\_ years/months.

Name of proposer: \_\_\_\_\_ Signature: \_\_\_\_\_ Mobile: \_\_\_\_\_

### **For Official Use Only:**

Accepted/Rejected – by the NZMA executive committee at its meeting on: \_\_\_\_\_

Membership fee of \$15.00 per year ending 31 Dec. No. of years: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Signature of Branch (President/Secretary/Treasurer): \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**AVONDALE ISLAMIC CENTRE**

122/126 Blockhouse Bay Road  
Auckland 1026

**BIRKENHEAD ISLAMIC CENTRE**

79 Onewa Road, Birkenhead  
Auckland 0627

**PONSONBY MOSQUE**

17 Vermont St., P O Box 91504,  
Auckland 1030

**RANUI MOSQUE**

31-33 Armada Dr., P O Box 70006  
Ranui, Auckland 0655