



UK ISLAMIC MISSION

Application for Associate Membership

Branch:-----

Personal Details:

First Name(s) Surname

Postal Address

City Post Code

Home Telephone Mobile No.

E-mail: Date of Birth

Occupation

Qualifications Visa Status

Please list the books you have read from the recommended syllabus:

1.
2.
3.
4.
5.
6.

Have you read UKIM Constitution: Yes No

Please briefly state why do you want to become an associate member of UKIM:

.....
.....

Declaration

The information contained within this form is, to the best of my knowledge, true and accurate. I also declare that I fully agree with the aims, objectives and methods of work of the UK Islamic Mission, as laid down in the Constitution. I will follow the UKIM policies and procedures and will respect confidentiality. I promise to carry out the obligatory duties of Islam and to refrain from forbidden and unlawful acts. I pledge to shape my character according to the teachings of Islam and to take an active part in the affairs of the UKIM. I am aware that my membership may be terminated without notice if subsequently it becomes known that false information has been provided or if I act in anyway contrary to this covenant.

Signature

Date

Official Use

LOCAL BRANCH

Branch / Circle Name of Nazim/ah

Recommendation by the local shura

Evidence of legal right to remain in the UK checked? (via Passport) Yes No

Signature of Nazim/ah Date

ZONAL NAZIM/AH

All sections of the application form checked Direct debit form attached (optional)

Signature of Zonal Nazim/ah Date:

ADMINISTRATION COMMITTEE

Approved Rejected Pending

Reasons if rejected / pending

Signature of the President Date: