

**ANJUMAN – E – AHLE BAYT, Inc.**

**7011 Howdershell Road  
Hazelwood, MO 63042  
314 786 2902**

**Membership Form for Calendar Year \_\_\_\_\_**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Res. Phone \_\_\_\_\_

Off. Phone \_\_\_\_\_

e-mail address: \_\_\_\_\_

Membership Fee Per Year:

Please choose one:

- \_\_\_ Family Membership: \$75
- \_\_\_ Single Membership: \$50
- \_\_\_ Student Membership: \$10

**Name of Spouse:**

**Names of Children:**

Age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Son / Daughter

\_\_\_\_\_ Son / Daughter

\_\_\_\_\_ Son / Daughter

\_\_\_\_\_ Son / Daughter

I wish to become a member of the Anjuman and enclose here with my check/cash for US \$\_\_\_\_\_ being the subscription of the calendar year indicated above. I hereby undertake to abide by the Anjuman's constitution, rules and regulations as approved by the Board of Directors. Completion of this form does not automatically entitle you to membership. This application will be reviewed in accordance with the Constitution, and you will be notified accordingly.

Date:

Signed By: Accepted By:

Applicant Authorized Representative of Anjuman