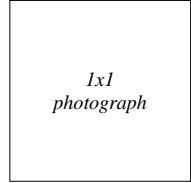


MUSLIM STUDY CENTRE

A Teachers' Development Centre Outreach Program

*Read – in the name of your Lord!
And what will you read if not your life?
And what will you know if not your Lord?*



MEMBERSHIP FORM

Full Name: _____
Father/Husband Name: _____
Permanent Address: _____
Phone: _____ Mobile: _____
Email Address: _____

I am interested in attending programs to further the cause of wisdom, unity and peace in society as:

- a teacher
 a parent
 a citizen *(tick all that apply)*

Reference:
Name: _____
Address: _____
Phone: _____
Email Address: _____

Membership Fee: Rs. 2,000 per year

Requirements:

- Two 1x1 photographs
One C.N.I.C photocopy*

FOR OFFICE USE ONLY

Membership number: _____ Fee receipt no. _____

Remarks _____

Treasurer