

Form No.1



FIJI MUSLIM LEAGUE
APPLICATION FORM FOR MEMBERSHIP
(In terms of clause 59(o) of this Constitution)

2 PHOTOS

Branch:

1. Applicant's Name (in full).....

2. Father's Name

3. Date of Birth.....

4. Age.....

5. Place of Birth.....

6. Residential Address:

7. Correspondence Address:

8. Phone Contact: Mobile No Land line No.

9. Email Address (if any)

10. Personal Identification attached: Occupation:

- a. Copy of Birth Certificate
- b. Photo ID – certified copy of either Driving License or Electronic Voter Registration Card
- c. 2 only current passport sized photos.
- d. Reversion certificate in the case of reverts to Islam. (if applicable)
- e. Membership fee paid: \$ ----- Receipt No: -----

I declare as follows:

- (a) That I am a Muslim.
- (b) That I am years old
- (c) That I am a bonafide resident of Fiji
- (d) That I will uphold the principles, practices and objectives of the Fiji Muslim League and undertake to abide by the Constitution and Rules of the League.

I hereby apply to become a member of the Fiji Muslim League.

Signature of applicant: ----- Date submitted to Branch: -----

OFFICE USE ONLY

Date received by the Branch : _____

Recommendation of the Branch : Applicant **should / should not** be made a member of the FML.

Comments: -----

(Branch)

President's Name ----- Signature: ----- Date: -----

Secretary's Name: ----- Signature: ----- Date: -----

Date sent to Headquarters: ----- Date received by Headquarters: -----

FML Executive Comment: _____

Approved / Rejected:

Signature & Position of Executive _____ Date _____

Date membership card issued: _____ **Membership No** _____

Date returned to Branch: _____

Signature of staff who entered the register: _____

Name of official signing membership card: _____

Date: _____