GLASGOW AHLULBAYT ASSOCIATION (GAA) MEMBERSHIP FORM

Contact details:						
Title:	Mr □	Miss □	$Mrs\;\square$		Ms □	Dr □
Full Name:						
Date of Birth:						
Address:						
City:	Postcode:					
Email:	Tel/Mob:):	
Optional						
Ethnicity:	Field of s				study/work:	
Membership subscription:						
We receive no funding from any mosque or institution, all our activities are funded by annual membership subscriptions and donations only.						
Membership fee (Minimum Suggested) £10 □ Paid by Family member □						
Nominal Fee £						
	(NAME OF BANK/BUILDING SOCIETY			(BRANCH)		
To:	o: Lloyds TSB Scotland plc			Glasgow St Vincent Street		
Please F	Pay: Glasgow Al	nlulbayt Assoc	iation	S/C 87-3	7-99	A/N 73975262
The sum of: £		on			(3 weeks from t	oday)
and yearly on 1st April thereafter						
Your full name:						
Your Sort Code: Your Account No.:						
Signature:			Date:			
Glasgow Ahlulbayt Association is a registered charity SC045216						
Date received:	/	Ref.:	Paid:		SO / cash	