

ISAA Membership Form

SCHOOL DETAILS

School Name: _____

School Address: _____

School Phone: _____ School Email: _____

School Website: www. _____

Number of students at last Census: Primary: _____ Secondary: _____ Total: _____

SCHOOL CONTACTS

POSITION	NAME	CELLPHONE	EMAIL
Principal			
Deputy Principal			
Board Chairperson			

MEMBERSHIP FEES

(Please Note: Associate Members are not entitled to vote at elections)

Individuals: Associate Membership Year _____ \$50

Schools: Full Membership 1 year Year _____ \$500

2 years Years _____ \$1,000

Please make payment by bank transfer to Islamic Schools Association of Australia:

BSB: 063-122

Bank Account: 1073 8305

Ref: Name of your school

Please email your completed membership form and proof of bank transfer to:

Abdullah Khan, President: abdullah@aic.wa.edu.au

ISAA OFFICE USE ONLY

Received: \$ _____

1 year Membership 2 years' Membership Membership expiry date: : _____

Status: Full Associate

Signature of Treasurer: _____ Date: _____