



Membership Form

School Details

School Name:

School Address:

School Phone: School Email:

School Website:

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

School Contacts

Position	Name	Cellphone	Email
Principal			
Deputy Principal			
Board Chairperson			

Membership Fees

<p>Individual: Associate Membership</p> <p><input type="checkbox"/> Year <input type="text"/> \$500</p>	<p><i>Please Note: Associate Members are not entitled to vote at elections</i></p>	<p>Please make payment by bank transfer to Islamic Schools Association of Australia:</p> <p>BSB: 063-122 Bank Account: 1073 8305 Ref: Name of your school</p> <p>Please email your completed membership form and proof of bank transfer to: Abdullah Khan, President: abdullah@aic.wa.edu.au</p>
<p>Schools: Full Membership</p> <p><input type="checkbox"/> 1 Year Year <input type="text"/> \$500</p> <p><input type="checkbox"/> 2 Years Years <input type="text"/> \$1,000</p>		

ISAA OFFICE USE ONLY

Received:

1 year Membership 2 years' Membership Membership expiry date:

Status: Full Associate

Signature of Treasurer: Date: