



Afghan Islamic & Cultural Center of Hamilton (AICCH)

مرکز اسلامی و فرهنگی افغانهای شهر همیلتون

Membership Form

Please return completed form to "644 Barton St E, Hamilton" or "aicchinfo@gmail.com" or "Text or whatsApp" to 905-515-7322

Members Address

Home Address _____ ON _____
Street Address City Province Postal cod

Adult 1

First & Last Name (English formal spelling): _____

Cell Phone # _____ Email _____

Occupation/ formal education/ business: _____

Relevant Skills: _____

Adult 2

First & Last Name (English formal spelling): _____

Cell Phone # _____ Email _____

Occupation/ formal education/ business: _____

Relevant Skills: _____

Children under 18 years old

1st Child First & Last Name (English formal spelling): _____

Date of Birth: _____ Cell Phone # _____ Email _____

2nd Child First & Last Name (English formal spelling): _____

Date of Birth: _____ Cell Phone # _____ Email _____

3rd Child First & Last Name (English formal spelling): _____

Date of Birth: _____ Cell Phone # _____ Email _____

4th Child First & Last Name (English formal spelling): _____

Date of Birth: _____ Cell Phone # _____ Email _____

Signature _____ Date _____