



IMI Membership Application Form

<i>Title</i>		<i>Surname</i>	
<i>Forenames</i>			
<i>Address</i>			
		<i>Postcode</i>	
<i>D.o.B.</i>		<i>Nationality</i>	UK / EU/ Other
<i>Tel No:</i>		<i>Membership Type</i>	New / Returning / Student
<i>Email:</i>			
Are you a Shia Ithna Asheri Muslim over the age of 18?			
<i>Nationality if non-UK</i>			
<i>Are you legally resident in UK</i>			
<i>Previously declined applications</i>			
<i>If affiliated with a similar organisation, state which</i>			

Your application needs to be nominated by 2 existing IMI members with 1+ years of membership;

<i>Proposer</i>	<i>Name:</i>	<i>Signature:</i>
	<i>Address:</i>	
	<i>Postcode:</i>	
	<i>Tel:</i>	
<i>Secunder</i>	<i>Name:</i>	<i>Signature:</i>
	<i>Address:</i>	
	<i>Postcode:</i>	
	<i>Tel:</i>	

Attach a legible copy of a photo ID with application confirming personal details & UK residential status;

<i>I promise to abide the IMI constitution and declare the details provided are accurate. I will inform the EC of any changes to my circumstances which may affect my membership eligibility. I permit EC to use my personal details purely for official IMI business as per the constitution in compliance with GDPR law.</i>	<i>Signature:</i>
	<i>Date:</i>

Official Use Only

<i>Treasurer</i>		<i>Amount received</i>	
<i>Signature:</i>		<i>Receipt No</i>	
<i>Approved/Rejected</i>		<i>EC Meeting date:</i>	