



SRI LANKA SOCIETY OF NEW ZEALAND INC.

**SRI LANKA MUSLIM JANAZA FUND**

**MEMBERSHIP APPLICATION FORM**

I hereby apply to be registered as a Member of Sri Lanka Muslim Janaza Fund (SLMJF) for me and my family as potential beneficiaries in the event of a Janaza in my family. I give below the following information for your records: [Please email filled Form to : janaza@slnz.org](mailto:janaza@slnz.org)

1 Category of Membership: *(Please tick one)*

Family Living in NZ

Individual living in NZ

Visiting Parent

Details of Chief Occupant/Principal Applicant/Individual Member/Visiting parent

Full Name:			
Address of Residence:			Country:
Date of Birth:			Gender (Male/Female):
Contact Numbers: Home:			Mobile:
Email Address:			

3 Details of Family Members *(not applicable for Individual Membership Category)*

Name/s of Family Member/s	Relationship to Chief Occupant/Principal Applicant <i>(named above)</i>	Gender (Male / Female)	Date of Birth (DD/MM/YYYY)

4 Visitor Relationship to SLMJF Sponsoring Member *(Applicable to Visiting Parent Membership ONLY)*

Name of Sponsor:	
Visitor Relationship to Sponsor:	

5 Membership Fees Payable & Payment Instructions *(Please tick / circle one)*  
*(Membership fees payable in January of every calendar year for each year of registration)*

	Family	Individual	
Annual <i>(One time payment)</i>	\$150.00	\$75.00	Payable on or before 31st January per calendar year
Monthly	\$15.00	\$90 (\$30X3)	Payable in three equal installments of \$30 each before due date
Visiting Parents	\$150.00	\$150.00	Payable one time per calendar year

Name of Bank: Kiwi Bank	Account #: 38 9005 0927439 00
Account Name: Sri Lanka Muslim Janaza Fund	Reference: Your Name

6 Declaration:

I have read and agree to the Terms and Conditions of The Sri Lanka Muslim Janaza Fund (SLMJF) and agree to abide by the decisions of the SLMJF Committee.

\_\_\_\_\_  
Signature of Chief Occupant/Principal Applicant/Individual Member/Visitor

\_\_\_\_\_  
Date