

ISLAMIC SHIA ITHNA-ASHERI ASSOCIATION OF EDMONTON EXEMPTION FORM

GENERAL INFORMATION:

Full Name:

Address:

City, Postal

E-Mail:

Phone:

Name of Spouse:

DATE OF APPLICATION

WHAT TYPE OF MEMBER ARE YOU CURRENTLY?

FULL MEMBER (*MUST FILL OUT CRITERIA IN SECTION B*)

ASSOCIATE MEMBER (YOU MAY SKIP SECTION B)

PLEASE ANSWER THE FOLLOWING:	YES	NO
Are you a full time student? (3 full time classes within semester).		
Are you a senior over 65 years of age? (SINGLE, with taxable income of less than \$23,598 or married with taxable income of less than \$44,974).		
Is your personal income or family income qualify under the provincial threshold that allows you to receive income subsidies, AISH, or other assistance.		

Do you have any special circumstance(s) that you feel warrant the ISIA of Edmonton to grant exemption? If applicable, please elaborate:

PLEASE ATTACH ANY DOCUMENTATION TO VALIDATE THE INFORMATION.

DOCUMENTATION: Please include any documentation that you feel will help us in assisting our decision. The proof of documentation should be related to income based allowances or statements.

DOCUMENT INCLUDED

DATE OF ISSUE

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I AM APPLYING FOR AN ANNUAL MEMBERSHIP EXEMPTION WITH ISLAMIC SHIA ITHA-ASHERI ASSOCIATION OF EDMONTON, LOCATED IN ALBERTA, CANADA. I UNDERSTAND THAT IF ANY CIRCUMSTANCE CHANGES RELEVANT TO INCOME STATUS I WILL NOTIFY THE ORGANIZATION.

I UNDERSTAND THAT FILLING THIS APPLICATION DOES NOT CONSTITUTE A SUCCESSFUL APPLICATION, UNLESS I AM NOTIFIED IN WRITING. I UNDERSTAND THAT THIS APPLICATION WOULD HAVE TO BE RENEWED ON AN ANNUAL BASIS PRIOR TO THE INITIATION OF THE NEXT ANNUAL MEMBERSHIP PERIOD.

I CERTIFY THAT ALL INFORMATION IN THIS FORM IS COMPLETE AND TRUE. I UNDERSTAND THAT MY MEMBERSHIP AND APPLICATION MAY VOID IF THERE ARE ANY MISCONCEPTIONS, FALSE STATEMENTS OR INFORMATION(S) OR INFORMATION IS NOT WHOLE, MISLEADING OR MISQUOTED.

NAME OF APPLICANT

SIGNATURE

DATE

NAME OF SPOUSE OF APPLICANT

SIGNATURE

DATE

INTERNAL USE:

VERIFIED DOCUMENT _____

TREASURER INITIAL _____

SECRETARY INITIAL _____

PRESIDENT APPROVAL _____