



Funeral Assurance Committee Trust

Membership Form

To be completed in Black ink (Please use BLOCK CAPITALS)

Membership Required Please Tick ✓	Single	<input type="checkbox"/>
	Couple	<input type="checkbox"/>
	Family	<input type="checkbox"/>

First Name	Surname	Date of Birth
Mr
Mrs/Miss

Name of Children	Date of Birth
(under 18 years of age if any)
.....	Date of Birth
.....	Date of Birth
.....	Date of Birth
.....	Date of Birth

Next of Kin

Full Postal Address

Post Code

Telephone

Mobile No. Home No.

Email:

Membership Fee: £

I agree to pay the subscription annually and I fully understand that if I do not pay the subscription when due, I will not be entitled to any benefits under this scheme. This membership entitles you to vote in the Broadfield Mosque Elections. I also agree to abide by its governing rules set by the administration committee at all times during my membership. I also confirm that I have no terminal illness at present.

Signed: Date:

FOR OFFICIAL USE ONLY

Membership No.

Date Received

Adminstrator: Name:

Sign: