

**MEMBERSHIP APPLICATION**

1. Applicant Name: \_\_\_\_\_  

First Name	Middle Name	Last Name
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2. Date of Birth: \_\_\_\_\_
3. Spouse's Name: \_\_\_\_\_  

First Name	Middle Name	Last Name
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4. Applicant's Current Profession/Employment: \_\_\_\_\_
5. Spouse's Current Profession/Employment: \_\_\_\_\_
6. Employment Status - Circle One: Employed / Un-Employed
7. Street Address: \_\_\_\_\_  

State: \_\_\_\_\_ Suburb : \_\_\_\_\_
8. Telephone: \_\_\_\_\_  

(Home / Mob)	(Work)
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9. E-mail address: \_\_\_\_\_
10. Children: \_\_\_\_\_ (M / F) AGE \_\_\_\_\_  
 \_\_\_\_\_ (M / F) AGE \_\_\_\_\_  
 \_\_\_\_\_ (M / F) AGE \_\_\_\_\_  
 \_\_\_\_\_ (M / F) AGE \_\_\_\_\_  
 \_\_\_\_\_ (M / F) AGE \_\_\_\_\_

**Signature of the Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Membership fee of \$30 per month.

Bank Details: Common Wealth Bank, (Jafaria Islamic Society)BSB: 065167 ACC:1025 7908

*Please complete the form, scan and email to [jafariacentre@gmail.com](mailto:jafariacentre@gmail.com) or Hand over to below persons.*

*Membership number will be provided within 24hours of acceptance of the application for membership.*

*Please write your first name and membership number in the description when paying month fee via internet banking Or alternatively fill the page 2 (Direct Debit Request) for JIS to Setup direct on your card.*

**Office use only:** Date Application Received: \_\_\_\_\_ Application Approved for Membership: Yes / No

Signature of the reviewer: \_\_\_\_\_

**DIRECT DEBIT SERVICE REQUEST – JAFARIA ISLAMIC SOCIETY**

**Terms and Condition.**

1. You authorise Jafaria Islamic Society (JIS) to direct debit your nominated credit card for amount and frequency filled by you in section 1.
2. JIS will debit your nominated account in accordance with your direct debit request details mentioned in section 1.
3. You confirm by signing the section 1 that you are the card holder of card listed in section 1.
4. Please ensure that sufficient funds are available for direct debit to occur.
5. We will keep any information (including your Card Details) in your Direct Debit Request confidential.
6. You can cancel or suspend the Direct Debit Request by giving us 14 days’ notice and by sending an email to [jafariacentre@gmail.com](mailto:jafariacentre@gmail.com).
7. Your card details are entered in Commonwealth Bank Simplify Application and after first entry into the Simplify Application the card details are not available/visible to anyone again.

**Section 1 – Direct Debit Request Details**

<b>Name On Card</b>	<b>Expiry</b>	<b>CVV</b>
	MM / YY	...
<b>Card Number</b>	<b>Write Amount</b>	\$
.....	<b>Frequency</b>	<input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Fortnightly

**YOUR AUTHORITY**  
 I authorise and request Jafaria Islamic Society Ltd (JIS) (ABN 47 140 080 539) to debit my credit card/debit Card mentioned above with my nominated amount through Simplify (Commonwealth Bank of Australia) direct debit application. I accept the direct debit request service agreement. I declare that I am the holder of the above-mentioned card.

<b>Card Holder Signature</b>	<b>Date</b>