



2026-2029

JALALABAD ASSOCIATION OF TORONTO, CANADA

APPLICATION FOR MEMBERSHIP

Status of Applicant : (Please Choose One)

☐ Permanent Resident ☐ Citizen ☐ Refugee ☐ International Student

First Name: _____ Last Name : _____

Age (18+): _____ Years Year of Birth: _____ Gender: ☐ Male ☐ Female

Full Name of ☐ Father ☐ Mother ☐ Spouse: _____

Home Phone #: _____ Cell: _____

E-mail: _____

GTA Address :

Street Number: _____ Street Name: _____

City: _____ Province: Ontario Postal Code: _____

Sylhet Divisional Address:

Membership Category: (Please Choose One)

☐ General Member (\$10) ☐ Life Member (\$250) ☐ Senior Member (Over 65+ \$0.0 Free)

Declaration

I hereby apply for membership for Jalalabad Association, Toronto, Canada and agree to abide by all the rules and regulations As Per Jalalabad Association (Article 5.0). I understand that application will be void if any false statements are made on this form. I also declared that I am a resident of the Greater Toronto Area.

☐ Agree

Signature of Applicant

Date

FOR OFFICE USE ONLY

Received a sum of ☐ \$10 ☐ \$ Free for electoral term’s membership or ☐ \$250 Life membership Fee

Membership Approval: ☐ Yes ☐ No Membership #: _____

Method of payment: ☐ Cash ☐ Cheque ☐ E-transfer Payment receipt #: _____

Date: _____

Signature of Authorized Committee Member



JALALABAD ASSOCIATION OF TORONTO, CANADA

NO:

Received \$ _____ from _____

For ☐ each electoral term’s membership ☐ Life membership of Jalalabad Association, Toronto, Canada

Signature of Receiver

Date