

AHMADIYYA MOVEMENT IN ISLAM USA

15000 Good Hope Road, Silver Spring, MD 20905

Member's Information Form

Phone: 301-879-0110

Fax: 301-879-0115

Date: _____
Month Day Year

Please fillout all columns, Incomplete forms may be delayed
 Use Seperate form for each member who is 16 years of age or older
 Have you ever been issued a member code in USA: Yes No Not Sure
 if yes: Member Code : _____

Mr. Miss. Mrs.

Last Name: _____

First Name: _____

Middle Name: _____

Other Name: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Fax: _____

Busi. Phone: _____ Ext. _____

Busi. Fax: _____

Other Phone: _____

Other Fax: _____

Profession: _____

Highest Education: _____ Year Edu. Completed: _____
Year

Head of Family(HOF): Yes No

If no: Relation with HOF: _____

Member code HOF: _____ if avail.

Gender: Male Female

Marital Status: Single Married Engaged
 Seperated Divorced Widow

Ahmadi By Birth: Yes No

If no: Date of Ba'it: _____
Month Year

Country of Ba'it: _____

Daa'e's Name: _____
(if known)

Date of Birth: _____
Month Day Year

Country of Birth: _____

Tanzeem: _____ or Age: _____ years

Earning Status: Earning Non Earning
 Full Time Part Time

Moosi: No Yes Applied

Cancelled Suspended

If yes: Wassiyat #: _____ Rate: 1 _____

Daftar Tehrike Jadid: _____

Fillout the following for dependents under 16 years of age: (Use Seperate form for Wife)

Last Name	First Name	Middle Name	Relation with HOF	Gender M/F	Tanzeem or Age	Date of Birth Month Day Year	Country of Birth	Waqf Nau Registration No	Country Waqf Done

For Local Jamaat Official Use Only

For Local Jamaat Official Use Only

For Head Office Use Only

Branch Code: _____
 Halqa Code: _____
 Comments: _____

for newly arriving members in USA:
 Previous Jamaat: _____
 Arrival Date: _____

Date Bait Form Sent: _____
 Local Jamaat Official Name: _____
 Signature & Date: _____

Entered By: _____
 Date: _____
 Verify By: _____