

“In the name of Allah (SWT), the Beneficent, the Merciful”

Membership Form

THE
WORLD
FEDERATION
OF KHUWA, SHAITHNA-ASHIRI MUSLIM COMMUNITIES



Please use black ink and in BLOCK CAPITALS.

Personal Details

Please affix here a
passport size photo.

Ladies are required
to be in full Hijab.

First Name: _____

Last Name: _____

Address: **House Name/ Number:** _____

Street: _____

Town: _____

Postcode: _____

Date of Birth: ____/____/____ **Place of Birth (Town/ Country)** ____/____

Telephone: **Home:** _____ **Mobile:** _____

Email Address: _____

Occupation: _____ **Nationality:** _____

Marital Details

Marital Status: (Please circle the appropriate answer) Single/ Married/ Divorced/ Widowed

Spouse First Name: _____ **Spouse Last Name:** _____

Spouse Occupation: _____ **Souse Nationality:** _____

Spouse Date of Birth: ____/____/____ **Spouse Place of Birth (Town/ Country)** ____/____

Children (Under 18)	Name	Gender (circle)	Date of Birth
1	_____	Male/ Female	____/____/____
2	_____	Male/ Female	____/____/____
3	_____	Male/ Female	____/____/____
4	_____	Male/ Female	____/____/____
5	_____	Male/ Female	____/____/____

Masjid-al-Husayn

Address: 17a Duxbury Road, Leicester, LE5 3LR

Email: treasurer@mksileicester.org – Website: www.mksileicester.org

Registered Charity No. 509416 – Registered in the UK

Updated: Shahr Ramadhan 1446/ July 2025

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Membership Details

Have you ever been a member of this Jamaat? (Circle) Yes No

If yes, please provide a reason for leaving:

Have you ever been a member of any Jamaat during the past 12 months? (Circle) Yes No

(If yes, please provide a clearance letter from your previous Jamaat)

Do you believe you fit the below definition of a Khoja? (Circle) Yes No

1. Vi. Khoja: Includes such person, or their spouse, or any parent or grandparent of such person or of their spouse who is Shia Ithna-Asheri originating from Gujarat or Kutch in India.

Gift Aid Declaration

You can increase your donation by 25% at no extra cost to you by participation in the gift aid scheme. Simply sign the below declaration so can claim the tax from the Inland Revenue.

Are you a UK Tax Payer? (Circle) Yes No

Do you wish MKSI Leicester to reclaim tax on all donations you make? (Circle) Yes No

Please let us know if you change your address or if you no longer pay tax.

Member Signature: _____ Date: ____/____/20__

Membership Subscriptions	Monthly	Annual
Aged 18+ Married Working	£20 per month	£240 per annum
Aged 18+ Single Working	£15 per month	£180 per annum
Retired Senior Citizen (60+) & Unemployed	£10 per month	£120 per annum
Spouse of Fully Paid Senior Member	£3 per month	£36 per annum
Full Time Student Under Age 25	£5 per month	£60 per annum

For Office Use Only

Membership Approved: (Circle) Yes No Need Further Confirmation

Membership: (Circle) Full Member Associate Member Spouse Member

Treasury Signature: _____

Treasury Member: _____

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