In the name of Allah the most merciful

Majlis-e-Ulama-e-Shia Europe

An Organisation of Shia Scholars & Communities

MUS GENERAL COUNCIL MEMBERSHIP FORM

First Name:	Middle Name:	Last Name:
Date of Birth:	Father's Full Name:	

Address	
House Number/Name	Street Name:
Post Code	Country:
Mobile Number:	Email:

Religious Education	
Name of the Howzah	
Full Address of the Howzah	
Name of the Last Islamic Book studied.	
Religious Experience or your current religious activities	

Academic Education/ School, College or University	
Name of the academic institution	
Course completed	

I request to become a member of the general council of MUS. I agree with the aims and objectives of Majlis e Ulama e Shia Europe and will be loyal to the constitution of the Majlis. If approved I will also pay the annual membership fees to Majlis.

Sign of applicant:	Date

OFFICE USE ONLY:

We (the members of election commission of MUS) testify that the person named above qualifies for the membership of general council of Majlis e Ulama e Shia Europe according to the article 5 of the Majlis constitution. (Minimum 2 signatures required from the election commission to approve the application)

Attested By (1): Name	Sign	Date:
Attested By (2): Name	Sign	Date:
Attested By (3): Name	Sign	Date:

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