

Please be advised: According to the Personal Information Protection and Electronic Documents Act (PIPEDA), we need your permission when you share your personal information with us. We collect this information to serve you better and may use it later to contact you and keep you updated. We honor your privacy rights.

Applicant Information

First Name

Last Name

Address

Primary Phone

Cell Phone

Email

Interested in Volunteering ☐

Spouse Information

First Name

Last Name

Address

Primary Phone

Cell Phone

Email

Interested in Volunteering ☐ Yes ☐ No

Add As a Member ☐ Yes ☐ No

Emergency Contact Information

Emergency Contact Name

Phone Number

Relation

Dependent Information (Children/Parents)

First Name	Last Name	Gender	Add as a member	Relation
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	

How many family members are included as members of CSFS (including yourself)? * _ _ _ _ _

* Ontario Muslim Association (OMA) will charge each member of the Cost Sharing Funeral Service (CSFS) from your family, including yourself.

By filling out this form, I consent to share personal details regarding myself and my family in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA) and understand that the information collected will be utilized for updates and activities related to CSFS by OMA.

As a component of this registration procedure, I give permission to the Ontario Muslim Association (OMA) for the Cost Sharing Funeral Services (CSFS) program to deduct CA\$1/ person for myself and each family member chosen for pre-authorization.

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period - not to exceed 30 days). To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

If I fail to pay my share of the funeral costs, OMA reserves the right to revoke my membership, and I may not be eligible for the services.

In the event of insufficient funds, the signing members shall be held responsible for all fees incurred by the bank.

I will be responsible for informing OMA, if there are any changes in my address, contact numbers, my bank information, or any change of my family member status.

Name:

Signature:

Date:
