

APPLICATION FOR THE MEMBERSHIP OF THE GENERAL ASSEMBLY (SOKAI) Kobe Muslim Mosque



Please fill in the details below in BLOCK letters and attach a recent photo.

Full Name:		
Age:Nationality:		
Date of Birth: Mobile Number:		
Residence Address:		
Email Address:		
No. of years residing in Hyogo Prefecture:		
Frequency of Visit: (<u>1×/Week</u>) (<u>2×/Week</u>) (<u>1×/month</u>) (<u>1×/</u> please circle one)	<u>/ear</u>) [Pass	port Size]
Type of Visa:		
Upon signing this form, I hereby consent to adhere to all policies and gu Furthermore, I authorize the utilization of my contact details for commi	idelines set forth by the inication purposes relate	Executive Committee d to membership.
Date: Applicant Signature:		
All applications will be reviewed by the Reviewing & Investigative Or You may be called for a personal or online interview by the R&I Cor Incomplete application form will not be considered for review. Please make sure to attach all required documents with the application in the second se	nmittee.	
Name: Name:	Name:	
Signature: Signature:	Signature:	
Approval Date:	Sta 代表	mp 長印
Chairman Signature:		
For Investigative Committee Use Only – Signatures		
Committee Member 1: Name	Signature:	
Committee Member 2: Name	Signature:	
Committee Member 3: Name	_	
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