

## Membership form

Funeral Service Registration.

<b>Your details</b>	(Official) Membership No:	Date Received:
Your full names:		
Date of Birth:	Gender: Male / Female	
Nationality:	Ethnic:	
Full Address:		
Postcode:	Mobile:	Landline:
Next of Kin	Full names:	Contact number:

<b>Details of proposed members</b>					
	Full Names	Date of Birth	Country of Residence	Gender (Male or Female)	Relationship
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Declaration**  
 I agree to the terms and conditions implicated in this form and I confirm that the information given in this form is accurate. I understand that this membership is only applicable to members of my family whose names are given above. Please pay the registration fees of £100 to the account given at the bottom of the page. Write your name as a reference.

Sign and date below

# BILAL EDUCATION

POST FILLED FORM TO

37 MEADGATE AVENUE,  
 LONDON, IG88DR

CONTACT

[www.bilaleducation.org](http://www.bilaleducation.org), [info@bilaleducation.org](mailto:info@bilaleducation.org)

ACCOUNT

HSBC SORTCODE: 40-06-23 ACCOUNT: 01528602