

# JUBILEE ASSOCIATION

4794 Lawrenceville Hwy NW, Lilburn, GA 30047.  
Phone: 770-500-3070 / Fax: 770-500-3069

## Application Form for Jubilee Association Membership.

No fax accepted for the new applications. Write in CAPS only.

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone # \_\_\_\_\_ Best time to call \_\_\_\_\_ Fax # \_\_\_\_\_

Work Phone # \_\_\_\_\_ E-mail : \_\_\_\_\_

I, \_\_\_\_\_ declare and affirm under oath that I am a member of Shia Imami Ismaili Nizari community and residing in United States of America.

This (date) \_\_\_\_\_ day of (month) \_\_\_\_\_ (year) \_\_\_\_\_

Reference: 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference: 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

X

\_\_\_\_\_  
(Authorized signature) By signing you acknowledge having read and understood the above oath.

\_\_\_\_\_  
(For office use only)

Verified and Approved for Membership by the Jubilee Association Directors :

(Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Membership No.** \_\_\_\_\_