

JUBILEE ASSOCIATION

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

Application Form for Jubilee Association Membership.

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:

(Name) _____ (Signature) _____ (Date) _____

(Name) _____ (Signature) _____ (Date) _____

Membership No. _____