

**CONFIDENTIAL**

**FELLOWSHIP OF MUSLIM STUDENTS ASSOCIATION  
 MEMBERSHIP APPLICATION / RENEWAL FORM FOR YEAR 20\_\_\_\_ TO 20\_\_\_\_**

**A. TYPE OF MEMBERSHIP**

- Student**  
**Full-time Students** in Govt/Private schools and madrasahs in S'pore. *Undergraduates* studying full-time in local universities or in programmes offered by foreign universities.  
*Those below 18 to seek parental consent.*
- Ordinary**  
**Non-students and working individuals** aged 35 and below *(includes those on graduate studies and above)*
- Associate**  
**Individuals** aged 36 and above *(includes those on graduate studies and above)*
- Affiliate**  
**Non-Muslim** individuals above 18 years old *Those below 18 to seek parental consent.*

**B. PERSONAL PARTICULARS OF APPLICANT**

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

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Sex : Male / Female

Contact No : \_\_\_\_\_ (H) \_\_\_\_\_ (mobile) \_\_\_\_\_ (fax)

E-mail address *(webpage also welcomed)* : \_\_\_\_\_

Home Address: \_\_\_\_\_ Singapore (\_\_\_\_\_)

Mailing Address: \_\_\_\_\_ Singapore (\_\_\_\_\_)

*(pls leave blank if preferred mailing address is the same as home address)*

**C. EDUCATIONAL BACKGROUND**

School currently attending (if app) : \_\_\_\_\_

Pls state name of course and level: \_\_\_\_\_

School Attended	From (year)	To (year)	Highest Standard Passed

Have you attended /Are you attending any form of religious classes (e.g PERGAS, PERDAUS, classes by Ustaz/Ustazah)? Yes / No (If Yes, pls state class name below)

\_\_\_\_\_

\_\_\_\_\_

CCA participated in school	Designation / Position	Representation/Remarks

Pls also indicate your involvement in CCA outside school – (e.g. Tae Kwando / Silat Class at CC, Member of People's Association, Outdoor Adventure Club etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**D. INVOLVEMENT IN OTHER ASSOCIATIONS / ORGANIZATIONS**

To help us understand your other commitments, pls provide us details of your involvements with other associations/organizations (e.g. AMP, Mendaki, Mosques, Perdaus etc...)

Name of organization	Designation / Position	Remarks

**E. INVOLVEMENT HISTORY IN FMSA**

Was a member of EXCO / Advisory Council? <i>If Yes, pls state position held and years involved below</i>		Yes / No		
Position held		From	To	
Secretariat / Projects Volunteered in	<i>Pls tick below</i>	<i>Pls indicate the years involved and appointment held, if any.</i>		
		From	To	Appointment
Information/Publication				
Leadership & Training				
Finance				
BDD Club				
MIQ Club				
Out of School Youth Project- Teens Alive! (MUIS)				
<b><i>Others not listed above, pls specify below;</i></b>				
1.				
2.				
3.				

**F. FAMILY BACKGROUND**

Brief particulars of parents and siblings

Name	Sex/Age	Occupation <i>(state level &amp; school if still studying)</i>	Relation
			<b>Father</b>
			<b>Mother</b>

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If you are married, pls share with us brief details of your family

Name	Sex/Age	Occupation <i>(state level &amp; school if still studying)</i>	Relation
			<b>Spouse</b>

**G. OTHERS**

Specific area(s) of interest (please tick).

- |                       |                          |                             |                          |
|-----------------------|--------------------------|-----------------------------|--------------------------|
| Writing               | <input type="checkbox"/> | Web page design and managmt | <input type="checkbox"/> |
| Desktop publishing    | <input type="checkbox"/> | Training and development    | <input type="checkbox"/> |
| Sports and recreation | <input type="checkbox"/> | Outreach program            | <input type="checkbox"/> |
| Community service     | <input type="checkbox"/> | Fund raising                | <input type="checkbox"/> |

Based on your interest /s above, pls indicate in which secretariat / area would you like to contribute in FMSA?

Tarbiyah  Finance  Muslimah  Perkaderan

**H. PARENTAL CONSENT** *(for applicants below 18 years)*

Name of Mother/Father/Guardian: \_\_\_\_\_ Sex/Age: \_\_\_\_\_

Contact No: \_\_\_\_\_ (home) \_\_\_\_\_ (office) \_\_\_\_\_ (mobile)

I *(above-mentioned person)* hereby allow my **son/daughter/ward** \_\_\_\_\_  
to be a registered member of the Fellowship of Muslim Students Association (FMSA).

Signature/Date: \_\_\_\_\_

<b><u>For official use</u></b>	Membership No: _____
Membership application from period _____	
Received by: _____	Date: _____
Membership fee \$ _____	Received: _____
Application / Renewal supported by: _____	
Approved / Not Accepted by FMSA EXCO based on _____	
Remarks: _____	

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