



Helping You Prepare the Last Journey

OTTAWA-BANGLADESH MUSLIM FUNERAL & SOCIAL WELFARE ORGANIZATION

OBMFO MEMBERSHIP REGISTRATION FORM (Confidential When completed)

Please PRINT all of the information below in capital letter

PRIMARY APPLICANT INFORMATION					
FULL NAME	<u>LAST</u>	<u>FIRST</u>	<u>MIDDLE</u>	DATE OF BIRTH (YYYY-MM-DD)	
STREET ADDRESS				HOME PHONE	
APT #		CITY		CELL PHONE	
PROVINCE		POSTAL CODE		EMAIL ADDRESS	

Please enter information for each additional member for getting a family membership

FAMILY INFORMATION (SPOUSE AND CHILDREN BELOW 18 YEARS)					
	LAST NAME	FIRST NAME	MIDDLE NAME (OPTIONAL)	RELATIONSHIP TO THE APPLICANT	DATE OF BIRTH (YYYY-MM-DD)
1.					
2.					
3.					
4.					

MUST READ BEFORE SIGNING

- There are four primary expenses associated with funerals: burial plot, excavation and filling of the grave, body preparation and preservation, and transportation costs.
- The monthly membership fee for a family, which includes children under the age of 18, is \$10. Individuals who are 18 years old or older must complete a separate form and pay \$5 per month for an individual membership.
- To ensure fairness between younger and older members, an initial payment specific to different age brackets must be made by both the applicant and their spouse. This payment applies to both parties and serves as a onetime upfront fee.

Ages of applicant and spouse	Upfront payment
18 to 40	\$0
40+	\$60 per spouse for each additional year

- In the event of a death, after one year of valid membership, OBMFO will grant a Kobor plot to the active member. Other funeral expenses must be paid by surviving family member(s).
- If death occurs within a year, the contributed membership fee and the initial payment will be returned to the family member or used to offset additional funeral expenses.
- If a member purchases one or more plots, he or she will get an additional credit equal to the cost of the plot(s) when the burial occurs to pay other funeral expenses.
- If a member's membership becomes inactive for 90 days due to failing to pay of the monthly fee or cancellation, he or she will not receive any membership benefits and will not be reimbursed for previously paid monthly fees. Any



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purchased Kobar plots cost will be refunded based on the purchased price. If a member wishes to rejoin, a new membership application must be completed.

- 8. A void cheque must accompany the application. Once the application is approved by OBMFO, membership is payable on the 3rd day of each month.
- 9. OBMFO reserves the right to amend the above-mentioned Terms and Conditions at any time. Any modification(s) must be approved by the board of directors and disclosed to the members via Annual General Meetings and other means.

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT (ATTACH VOID CHEQUE)

I authorize OBMFO to deduct monthly membership fee from my bank account as agreed below. Please debit my bank account (void cheque attached). **Please check mark with (X) or Specify for the other amount.**

\$5.00 MONTHLY \$10.00 MONTHLY OTHER AMOUNT

I agree that the debit will be processed to my account on the 3rd day of each month or the next business day.

I may revoke my authorization at any time however it will be effective after 31 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

APPLICANT SIGNATURE FOR PRE-AUTHORIZED DEBIT

DATE (YYYY-MM-DD)

MEMBERSHIP AGREEMENT

I confirm the information provided is accurate and true. Any intentional dishonesty may lead to application rejection, membership termination, and loss of membership benefits. I commit to adhering to all rules and regulations set by the organization. Non-compliance may result in membership revocation.

APPLICANT SIGNATURE

DATE (YYYY-MM-DD)

OBMFO OFFICE USE ONLY	
Membership ID <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
Verified by (Treasurer): <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>
Approved By (President): <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>