



APPLICATION FORM – A

Member ID # _____

***Please note that our services will only be activated once we reach 200 members**

Principal Applicant:

First Name: _____ Last Name: _____ Date of Birth: _____
 Address: _____ City _____
 Province: _____ Postal Code: _____
 Profession: _____ Cell # _____ Email: _____
 Emergency contact Name: _____ Relation: _____ Cell # _____

Spouse:

First Name: _____ Last Name: _____ Date of Birth: _____
 Profession: _____ Cell # _____ Email: _____

Dependent(s) of all age living at applicant address:

- 1. Name: _____ Relations: _____ Date of birth: _____
- 2. Name: _____ Relations: _____ Date of birth: _____
- 3. Name: _____ Relations: _____ Date of birth: _____
- 4. Name: _____ Relations: _____ Date of birth: _____
- 5. Name: _____ Relations: _____ Date of birth: _____
- 6. Name: _____ Relations: _____ Date of birth: _____
- 7. Name: _____ Relations: _____ Date of birth: _____

Please provide additional dependent(s) information on a separate page if required.

Beneficiary contact Name: _____ Relations: _____ Cell # _____
 Name of person who referred you to UMCOC: _____ Cell # _____
 Name of Masjid & Funeral Service you prefer (subject to the UMCOC approval): _____
 Masjid Address: _____ Contact # _____

YOU WILL PAY

One time Registration & Membership fee

Registration fee per family / application: **CAD30**
 Membership fee:
 Principal applicant: **CAD150**
 Spouse: **CAD100**
 Children up to 25 years age: **CAD25 each**
 Dependents above 25 years age: **CAD50 each**
 Including unmarried, married children,
 Parents, in laws lives at same address

UMCOC OFFER YOU

Financial Assistance for Funeral:

Up to CAD8,000 for every deceased member funeral expenses within Canada. Funeral Services included release of body, Ghusl (bath), coffin (box), Kafan (shroud), preparation for burial, transportation to graveyard and full burial process.

After Death Assistance:

In case, any head of family (earning male or female member) pass on, eligible and deserving families will be assisted through federal, provincial, regional support system or optional donation collected from UMCOC members and affiliated food banks etc.

Are you willing and available to volunteer for UMCOC: YES NO
 If yes, please visit www.umcoc.com to fill out the volunteer form

Principal applicant name: _____ Signature: _____ Date: _____
 Spouse name: _____ Signature: _____ Date: _____