

ULAMA ASSOCIATION OF NORTH AMERICA (UANA) MEMBERSHIP APPLICATION FOR ULAMA

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

E-mail/Website:

Home Phone:

Cell Phone:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Position:

City:

State:

ZIP Code:

IMMIGRATION INFORMATION

Immigration Status:

(If not a citizen or greencard holder, when does your current status expire?)

Birthplace & Origin:

Drivers License #:

In the US since:

OTHER INFORMATION

Which languages do you speak?

Do you have any additional qualifications, additional expertise or skills, or any other information you wish to add:

REFERENCES OF 2 ULAMA IN THE UNITED STATES

Name

Address

Phone

1.

2.

AFFILIATIONS TO ANY GROUPS OR ORGANIZATIONS (RELIGIOUS OR NON-RELIGIOUS) PLEASE PROVIDE NAMES AND OTHER DETAILS BELOW, OR ATTACH SEPARATE SHEET IF NEEDED

SIGNATURES

I authorize the verification of the information provided on this form. I am in complete agreement with the objectives and by-laws of the UANA. I become a member of this organization with the firm conviction that it is my religious responsibility and the demand of the knowledge that I have had the good fortune to acquire, by the grace of Allāh, to employ my abilities to fulfill the objectives of the UANA. To achieve this goal, I will therefore put forth my efforts as much as I am able.

I give my solemnly oath, with my personal integrity at stake, that I am neither involved in any illegal activities nor have ever been involved in any, that I am not affiliated with any illegal group or groups nor have ever been affiliated with any, and that do not have, nor have I had, any propensity or emotional inclination toward any illegal activities. I therefore give my guarantee that in the future I will never engage in illegal activities or affiliate myself with illegal groups. And I firmly accept that if I am ever found to be involved in any illegal activities or with any illegal groups, the council is not responsible for my actions and reserves the full right to duly terminate my membership.

Signature of applicant:

Date:

Please attach copies of the following:

- 1) Your Graduation Certificate – *Sanad/Ijazat*
- 2) Resume (optional, but recommended)
- 3) Copy of US Government issued ID
- 4) Registration Fees \$10

FOR OFFICE USE ONLY:

This application has been accepted and registered by:	
Membership Fees: PAID YES NO	
Registration Number and ID Number:	

Please mail to Imam Tahir Anwar, 325 N. Third St; San Jose, California, 95112