



Young Friends of Al-Shifa



Membership Form

Please tick appropriate boxes

New Member

Renewing Member

Name: _____

Father Name _____ Father's occupation _____

Date of birth: _____ Name of School/ college: _____

Educational qualification: _____

Address: _____

Home Phone: _____ Email _____

Reason to Join YFA: _____

By signing below I hereby apply to become a member of the Young Friends of Al-Shifa. I agree to be bound by the rules of the organization and the Young Friends of Al-Shifa Plan of Management.

Signature _____ Date _____

To know more about Young Friends Click:

www.alshifaeye.org