



IN THE NAME OF ALLAH, MOST GRACIOUS MOST MERCIFUL

**MUSLIM EDUCATION AND WELFARE ASSOCIATION  
[MEWA]  
P.O. BOX 89427, MOMBASA**

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**APPLICATION FOR MEMBERSHIP:**

**SERIAL NO:.....**

FUL NAME:.....

IF UNDER 18 YRS OLD STATE DATE OF BIRTH:.....

POSTAL ADDRESS:.....E.MAIL : .....

RESIDENTIAL ADDRESS: .....TEL NO(HSE).....

OCCUPATION/PROFESSION:.....

PLACE OF EMPLOYMENT : .....BOX NO : .....

TEL (OFF):.....

I BEING A MUSLIM, HEREBY APPLY FOR MEMBERSHIP OF MEWA AND WILL ENDEAVOUR TO PROMOTE THE EDUCATION AND WELFARE OF MUSLIMS.

NOTE: LIFEMEMBERSHIP	- 1500/= ONCE EVERY 4 1/2 YEARS
YEARLY MEMBERSHIP	- 360/= PER YEAR
YOUTH MEMBERSHIP	- 10/= PER YEAR

SIGNATURE: .....

DATE: .....

PLEASE STATE YOUR INTEREST:  
(Please tick)

EDUCATION  
WELFARE  
HEALTH

FOR OFFICIAL USE ONLY

Recommended by (MEWA member)

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DATE OF ADMISSION: ..... MEMBERSHIP NO:

.....

AMOUNT RECEIVED : ..... RECEIPT NO: .....