



# East Ottawa Masjid and Community Center

967 St.Laurent Blvd, Unit 3 & 4, Ottawa, ON, K1K 3B1

[www.eomcc.ca](http://www.eomcc.ca)

[info@eomcc.ca](mailto:info@eomcc.ca)

## Membership Form

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Where did you hear about EOMCC:  Online -----  Person -----  
 Organization-----  Other-----

5. I would like to Volunteer for EOMCC services  
Check all that apply:  Yes-please contact me as needed  Not at the moment

Monthly membership fee can be paid through Bank or Credit card or Cash or E-transfer  
Please provide the required information in the following fields:

**Automatic Withdrawal Section:**

Name of Bank: \_\_\_\_\_  
Transit No: \_\_\_\_\_ Institute No: \_\_\_\_\_  
Account No: \_\_\_\_\_ Account Type:  Chequing  Savings

**Credit Card Section:**

Card No: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_ Card Type:  VISA  MasterCard

**One-Time Payment:**

- Deposit your contribution to: **TD Bank, Transit : 07946, Account : 5228664, Institute : 004**
- Send your contributions by e-transfer to: [info@eomcc.ca](mailto:info@eomcc.ca)

**Authorization Amount:** (Choose other if you want to authorize more than \$50. Enter the specific amount besides other)

Check all that apply:  \$20  \$30  \$40  \$50  Other: \$ \_\_\_\_\_

**Signature of Account Holder:**

**Signature of Joint Account Holder (if applicable)**

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print Name)

Name: \_\_\_\_\_  
(Please print Name)

Date: \_\_\_\_\_

Date: \_\_\_\_\_