BADA Network

Bangladesh Active Dawah Association

Learn · Practice · Invite | شبكة بدا | বাধা নেটওয়ার্ক

Membership Application

BADA-F02

1. Personal details

FULL NAME

NAME IN BANGLA / ARABIC (OPTIONAL)

DATE OF BIRTH

GENDER

OCCUPATION

MOBILE NUMBER

EMAIL ADDRESS

PREFERRED LANGUAGE

ADDRESS

POSTCODE / AREA

UNIT / REGION

CITY

COUNTRY

Your mobile number and email will be verified before your account is activated.

2. Next of kin

NAME

RELATIONSHIP

MOBILE NUMBER

3. Medical declaration confidential — seen only by the unit secretary

DO YOU HAVE ANY MEDICAL CONDITION, ALLERGY OR NEED WE SHOULD KNOW ABOUT FOR PROGRAMMES AND ACTIVITIES?

☐ No, I have no condition to declare ☐ Yes — please give details below

4. Interests

WHICH TEAMS OR AREAS INTEREST YOU? (TICK ANY)

☐ Dawah Teamwork (DT) ☐ Al-Asr Task Team ☐ Al-Bushraa Services ☐ Learning circles

☐ Youth ☐ Women ☐ Community & environment ☐ Business & technology

HOW DID YOU HEAR ABOUT BADA?

INTRODUCED BY (NAME)

5. Declaration

I wish to join BADA Network as a **primary member**. I will try my best to learn, practise and invite to Islam with wisdom and good manners, follow the guidance of the association, and keep my personal details up to date. The information I have given is correct.

Applicant signature

Date

Parent / guardian (if under 18)

FOR OFFICE USE ONLY

RECEIVED BY

DATE RECEIVED

MEMBER ID ISSUED

MOBILE VERIFIED ✓

EMAIL VERIFIED ✓

APPROVED BY (ADMIN)