

Bismeha Ta'ala
Az-Zahra Center
Candidate Form

Your Last Name

Your First Name

MI

Address

Apt

City

State

Zip Code

Home Phone

Work Phone

Extension

Email Address

Current Member (Yes / No)

Member Since

Nominated By

Your skills

Previous experience

What changes would you like to make for the center?

Please use additional paper to provide more information

PLEASE MAIL THE COMPLETED FORM TO:

AZ-ZAHRA CENTER
PO BOX 3786
KANSAS CITY KS 66103-0786