











مجلس علماء المسلمين الشيعة في أمريكا الشمالية

مجلس علماء المسلمين الشيعة في أمريكا الشمالية The Council of Shia Muslim Scholars of North America

Subscription Form

I, the undersigned, am honored to be a member of the Council of Shia Muslim Scholars of North America, along with my resume/CV.	
Full Name as it appear on the ID card	
Also known as (AKA)	
Email @	
Mobile phone Number 	
Land line Number 	
Home Address 	
Facebook Name 	
Twitter Name 	
Instagram Name 	
Linked-In Name 	
Website 	
Native Language	
Other Languages	<input type="checkbox"/> English ____% <input type="checkbox"/> Arabic ____% <input type="checkbox"/> Farsi ____% <input type="checkbox"/> Urdu ____%
Capable of clergy work as	<input type="checkbox"/> Imam <input type="checkbox"/> Public Speaking <input type="checkbox"/> Lamentation (Majlis Reciter) <input type="checkbox"/> Writing and Composition <input type="checkbox"/> Intra/interfaith Dialogue
Skills	<input type="checkbox"/> Dialogue and Debate <input type="checkbox"/> Public Relations <input type="checkbox"/> Dispute solving <input type="checkbox"/> Task Management <input type="checkbox"/> Leading Individual and Groups <input type="checkbox"/> Translate from _____ to _____
Committed to another Job?	
Islamic Center in which you lead or preach at (if applicable)	Name of Islamic Center _____ Address _____ Website _____
I, the undersigned, have read and understood the bylaws of the Council of Shia Muslim Scholars of North America, which I have accepted, and pledge to abide by the Council's message, bylaws, and all its decisions:	
Name: _____	Signature: _____ Date: _____

Endorsement by Consultative Members

Full Name: _____

Signature: _____

Date: _____