



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	f
Twitter Name	
Instagram Name	
Linked-In Name	in
Website	e
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: \_\_\_\_\_