



## CATA Membership Standard Policy

### 1. Purpose

The purpose of the CATA membership policy is to outline the requirements, benefits, and responsibilities associated with becoming a member of the organization.

### 2. Eligibility

- **Age Limit:** Open to all Muslims aged 1 to 60 years old.
- **Membership Fee:** A non-refundable annual fee of KHR100,000.00 or (\$25.00) must be paid at the time of application.

### 3. Benefits

Members of CATA under the “My Community Fund” program are entitled to the following benefits:

- **Death/Permanent Disablement Support:**
  - Members can claim financial assistance starting at KHR 500,000.00, in the event of death or permanent disablement due to illness or accident.
  - The amount increases based on the number of years the member has been active.
- **Emergency Funds:**
  - Each member is entitled to a one-time emergency fund of KHR 25,000.00 per year to support cases of accidents and illness.

## 4. Responsibilities of Members

- **Payment of Membership Fee:** Members are required to pay the annual fee on time.
- **Active Participation:** Members are encouraged to participate in CATA activities and community projects.

## 5. Application Process

- **Complete the Application Form:** All potential members must fill out the application form completely and accurately.
- **Submit the Application:** The completed application form along with the membership fee should be submitted to CATA.
- **Approval:** Upon review and approval by CATA leadership, the applicant will receive confirmation of their membership.

## 6. Membership Duration

Membership is valid for one year from the date of payment. Renewal is required to continue receiving benefits.



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CAMBODIAN AMANAH TAKAFUL ASSOCIATION  
جمعية أمانة التكافل في كمبوديا

## CATA Membership Application Form

CATA - Cambodian Amanah Takaful Association  
*Membership Application Form*

### Agency Information

- Agency Name (Area In charge): \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Office Address: \_\_\_\_\_
- Operating Hours: \_\_\_\_\_
- Website (if applicable): \_\_\_\_\_

### Member Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Job Title/Occupation: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Family Status: \_\_\_\_\_

- Single
- Married
- Widow/Widower

## Contact Information

- **Contact Number (Member):** \_\_\_\_\_
- **Emergency Contact Number (Family Member or Spouse):**  
\_\_\_\_\_
- **Relationship to Emergency Contact:** \_\_\_\_\_

## Health Status

- **Do you have any existing health conditions?**
  - Yes (please specify): \_\_\_\_\_
  - No

## Membership Details

- **Are you a Muslim?**
  - Yes
  - No
- **I hereby apply for membership in CATA and agree to abide by the organization's policies and procedures.**
  - **Signature:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_

## Payment Information

- **Membership Fee Options:**

- KHR 100,000.00 (or \$25.00) per year
- KHR 50,000.00 (or \$12.50) per half-year

• **Payment Method:**

- Cash
- Bank Transfer
- Other: \_\_\_\_\_

**For Office Use Only**

- **Application Received By:** \_\_\_\_\_
- **Application Status:** [  ] Approved [  ] Denied
- **Date of Approval/Denial:** \_\_\_\_\_
- **Membership Number:** \_\_\_\_\_