

## MUSLIM CENTER MEMBERSHIP FORM

**Instructions:**

- Please fill each item legibly and completely.
- All member(s) below **must** be 18 years old or older.
- Membership is valid from Jan 1<sup>st</sup> to Dec 31<sup>st</sup> of a calendar year upon full payment of required fees for that year.
- Donations placed in donation boxes or monies given at Masjid fundraisers do not constitute membership fees.
- Membership fee is \$180 **per person**.

Applicant Family Name	Applicant First Name	Middle Name	Membership Year: <b>2018</b>	
Applicant Home Street Address	Apt#	City	State	Zip Code
Email:	Home Phone:	Cell Phone:	Age: <b>18+</b>	

**Add additional family members in household below. If family members do not reside in your household or have a different address, please have them fill out their own form.**

Last name, First name	Relationship to Applicant	Age:
		18+
		18+
		18+
		18+
		18+

Please use additional forms for additional member entries

Count total members: \_\_\_\_\_ x 180 = \_\_\_\_\_ membership fee due

Applicant Signature: \_\_\_\_\_

**PRIVACY  
NOTICE**

We protect your privacy and by not initialing this form, you give us the consensual right to publish your name(s) on the Voting Board List, which then becomes public. By initialing, you have chosen the right to NOT publish your name. I do not wish the names above to be open to the public: \_\_\_\_\_ (Initials)

**FOR OFFICE USE ONLY:**

Application Receipt

Date: \_\_\_\_\_

Receiving Masjid Official: \_\_\_\_\_

Receiving Masjid Official: \_\_\_\_\_

Method of Payment:      Cash

Check # \_\_\_\_\_

Total Membership Fees: \_\_\_\_\_