



## Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ AKA: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list special skills, talents, or ways you think you can help the community: \_\_\_\_\_

### Membership Type (check one box only)

Full Membership - \$250 per calendar year<sup>1</sup>  Affiliated Non-Voting Membership – no dues

NIA Masjid conducts programs for children. Please provide the names of your child(ren) if you wished to be contacted about these programs.

- |                |            |               |
|----------------|------------|---------------|
| 1. Name: _____ | Age: _____ | Gender: _____ |
| 2. Name: _____ | Age: _____ | Gender: _____ |
| 3. Name: _____ | Age: _____ | Gender: _____ |
| 4. Name: _____ | Age: _____ | Gender: _____ |

*Any Muslim who is eighteen (18) years of age or older, supports the purpose statement in Article II, Section (2), agrees to abide by these bylaws, all Board policies, and all applicable Federal, State, and Local laws, and pays the required annual dues is eligible to be a member of the Organization<sup>2</sup>*

**By signing and submitting this application for membership you are accepting that if approved you agree to abide by the policies of the NIA Masjid.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only

<sup>1</sup> 2020

<sup>2</sup> no dues for Affiliated Non-Voting Members