



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, Most Gracious, Most Merciful

المركز الإسلامي بولاية مينيسوتا
Islamic Center of Minnesota

Membership Application

_____ First Name-primary		_____ Last Name-primary		_____ Education		_____ occupation/profession	
_____ Spouse's First Name		_____ Spouse's Last Name		_____ Education		_____ occupation/profession	
_____ Home Phone		_____ Cell Phone-primary		_____ Cell Phone-spouse			
_____ Address				_____ City		_____ State Zip	
_____ Email - primary		_____ Email - spouse		_____ Country of Origin		_____ Spouse - Country	
Yes No Will volunteer?-primary		Yes No spouse		Yes No Speakers bureau?-primary		Yes No spouse	
				_____ Language spoken at home			

1) ICM Membership Fees:

___ Family \$204/yr or \$17/mo x 12 ___ Single \$144/yr or \$12/mo x 12 ___ Student \$24/yr or \$2/mo x 12

2) Other Contributions:

___ Food shelf _____ /mo x 12 ___ Pledge _____ / mo x 12 ___ Other(_____) \$ _____ / mo x 12

Automatic Bank Deductions: I hereby authorize ICM to initiate monthly bank deductions for membership and other dues.

ATTACHED IS A VOIDED CHECK.

_____ Bank Name	_____ Bank Account #	_____ Total Deductions (\$)
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_____ Signature	_____ Date
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For Office Use:

___ AD ___ Cash ___ Check \$ _____ # _____ (Db ___ / ___ / ___ Init ___) (AD ___ / ___ / ___ Init ___)