



MEMBERSHIP APPLICATION

Instructions:

- Form **MUST** be completely filled out and **MUST** be legible
- Applicant **MUST** be 18 years or older
- Membership is **ONLY** valid for a person who bears witness that: there is no God but ALLAH SWT and MUHAMMAD Peace Be Upon Him is HIS messenger.
- Membership is **ONLY** valid from January 1st to December 31st of a calendar year upon full payment of required fees unless you have made a full payment of required fee for a lifetime membership
- Donations of any type **DO NOT** constitute membership fees
- Membership fee is \$200 per person for the calendar year or \$2,500 for a lifetime

APPLICANT LAST (FAMILY) NAME:	APPLICANT MIDDLE NAME:	APPLICANT FIRST NAME:		AGE 18+: Yes - <input type="checkbox"/> No - <input type="checkbox"/>
APPLICANT STREET ADDRESS:	APARTMENT #:	CITY:	STATE:	ZIP CODE:
EMAIL:	CELL PHONE:	HOME PHONE:	USA RESIDENTIAL STATUS: CITIZEN: <input type="checkbox"/> PERM RESIDENT: <input type="checkbox"/> OTHER: _____	

PLEASE CHECK ONE: \$200 - Yearly Membership \$2,500 - Lifetime Membership

Applicant Signature: _____ Date: _____

Please make check payable to: **Shelter Rock Islamic Center** and write **MEMBERSHIP** in memo area.

To pay by Credit Card, please call the office at (516) 307-9322.

FOR OFFICE USE ONLY

Application Receipt Date: _____ Received by (Masjid Official): _____

Verified by (Masjid Official): _____

Payment Method: Cash: ____ Check #: _____ Total Membership Fee: _____