



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Islamic Center of HARRISON
Ph.: 973-481-2877, www.islamic-center.com



Membership Application Form

Applicants Must be 18 years or older, copy photo identification is required
(Please complete the application from clearly printing in black or blue ink.)

Membership #:

Date:

Status:

1. General Information

Applicant's Legal Name:

First

Middle

Last

Home Address:

Number & Street

City

State & Zip

() -

() -

() -

Home Phone Number

Cell Phone Number

Work Phone

E- Mail Address

Date of Birth

Profession

U. S Residential Status:

U. S Citizen:

U.S. Permanent Resident:

Other _____

Past/Present affiliations with other
Islamic Organizations:

Name of Organization

Role/Title

Has your membership been terminated for any cause by any other Islamic Organization? Yes/No (Circle one)
If Yes, please provide details of the termination on a separate page:

2. Family Information (Optional)

First Name

Middle

Last

Relationship to
Applicant

Profession
(Optional)

Age
(Optional)

3. Reference: Imam or Board of Trustees

Reference 1:

Full Name

() -

Contact Phone Number

Address: Number & Street

City

State & Zip

Reference 2:

Full Name

() -

Contact Phone Number

Address: Number & Street

City

State & Zip

4. Oath

In the name of Allah Subhanahu WaTaala(SWT), the Beneficent, the Merciful.

With Allah (SWT) as my witness, I affirm that:

1. *"There is no one who is to be worshipped except Allah (SWT), and Muhammad (peace be upon him) son of Abdullah Al-Hashmi of Makkah, Arabia, is His last and final Messenger and Prophet."*
2. I shall abide by the Quran and Sunnah of the Prophet Muhammad (peace be upon him.).
3. I do hereby pledge that I shall fully abide by the provisions of Islamic Center of Harrison's (ICH) constitution and its bylaws, as they exist, and I will support this institution (when require, to my best capabilities). When abode in the center, I will fully comply with Islamic manners/obligation of masjid. I also I pledge to ensure that any action on my part will not cause any harm, defame, or hurt prestige of this institution or this organization in any shape or form. I shall abide by all the federal, state, and local laws. I understand the acceptance of ICH membership is a privilege and can be suspended, if I failed to follow my pledge to this organization or for any other seasons by the Board of Trustees.
4. I also agree to pay my annual membership fee and any other dues to keep my ICH membership active.

I agree to pay \$ 50.00 Initiation Fee and an Annual Membership Fee as determined by Islamic Center of Harrison, Board of Trustees.

Applicant's Signature

Print Full Name

Date

5. I would like to serve Islamic Center of Harrison in following areas:

(Select one or more services of your interest – Jazak Allah

<input type="checkbox"/> Maintenance	<input type="checkbox"/> Religious /Dawah Work	<input type="checkbox"/> Islamic School
<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Fund Rasing
<input type="checkbox"/> Publication	<input type="checkbox"/> Technology/Website Support	<input type="checkbox"/> Volunteer for Special Programs

6. Payments

Initiation Fee (\$50.00) Annual Membership Fee (\$240.00) Total Amount: \$ _____

(Annual membership payment fee of \$240.00 is preferred. This fee is due in January, but can be paid in two installments over the period of four months).

Method of Payment:

Cash Check Check No. _____

Please do not write below this line

7. For Office Use Only

	Name	Signature	Date
Chairman, Membership Committee:			
Board of Trustee			
Mailing List Update By:			
Financial System Update By:			
Membership Number:		Activation Date:	
Status (Active/ Non-Active/Suspended):			

Renewal Log:

<input type="checkbox"/> 2017	<input type="checkbox"/> 2018	<input type="checkbox"/> 2019	<input type="checkbox"/> 2020	<input type="checkbox"/> 2021	<input type="checkbox"/> 2022	<input type="checkbox"/> 2023	<input type="checkbox"/> 2024
<input type="checkbox"/> 2025	<input type="checkbox"/> 2026	<input type="checkbox"/> 2027	<input type="checkbox"/> 2028	<input type="checkbox"/> 2029	<input type="checkbox"/> 2030	<input type="checkbox"/> 2031	<input type="checkbox"/> 2032
<input type="checkbox"/> 2033	<input type="checkbox"/> 2034	<input type="checkbox"/> 2035	<input type="checkbox"/> 2036	<input type="checkbox"/> 2037	<input type="checkbox"/> 2038	<input type="checkbox"/> 2039	<input type="checkbox"/> 2040