



Islamic Center of South Shore
MEMBERSHIP APPLICATION FORM 2009

Instructions:

- Please fill each item legibly and completely.
- Information provided on this form will be kept confidential.
- Membership is valid from Jan 1st to Dec 31st of a calendar year upon full payment of required fees for that year.

*** Membership Fee is \$100 per person**

Membership Year: 2009 Today's Date: ____/____/2009

Last Name: _____ First Name: _____

Additional Family Members in Household (18 years of age and older)

PRIVACY NOTICE: By default we protect your privacy but you can make it public by entering your initials.

I willfully open my name to the public ↓

- | | | | | |
|---------------------------------|-------|-----------------|-------|----|
| 1. 18+ <input type="checkbox"/> | _____ | Relation: _____ | _____ | \$ |
| 2. 18+ <input type="checkbox"/> | _____ | Relation: _____ | _____ | \$ |
| 3. 18+ <input type="checkbox"/> | _____ | Relation: _____ | _____ | \$ |
| 4. 18+ <input type="checkbox"/> | _____ | Relation: _____ | _____ | \$ |

* Please use additional forms for additional member entries

Address: _____

Town: _____ Zip: _____

Phone: _____ email: _____

Fees
\$ 100
\$
\$
\$
\$

<u>For Office Use Only:</u>	Total Fees Due: \$ _____
Application Receipt Date: _____	Official's Name: _____
Paid in Full: _____ Method (<input type="checkbox"/> Cash, <input type="checkbox"/> Check # _____)	
Other: Monthly/Quarterly - Dates (mth) _____	
Amount \$	_____