MEMBER APPLICATION
Dar Al Hijrah Islamic Center

Please Print Clearly. If a spouse wishes to be included with your membership, please fill out the related information.

Name: _____ **Status:** Married ( ) Widowed ( ) Divorced ( ) Single ( )

Address _____ **Spouse Name:** _____

City _____ State ____ Zip _____ **Adult family member (ages 18 & above)**

Tel: ( ) - (H), ( ) - (W) 1- Name: _____ M ( ) F ( )

Fax: ( ) - (H) 2- Name: _____ M ( ) F ( )

E-Mail: 3- Name: _____ M ( ) F ( )

Children under 18 years of age:

1- Name: _____ M ( ) F ( )

2- Name: _____ M ( ) F ( )

3- Name: _____ M ( ) F ( )

4- Name: _____ M ( ) F ( )

5- Name: _____ M ( ) F ( )

Reference:

1- Name: _____ Tel.#: ( ) -

2- Name: _____ Tel.#: ( ) -

Annual Membership Fee:

1- Individual $ 20.00/Month ( ) Family $ 30.00/Month ( )

2- Additional membership (s): 10/Month/person x ---- Total $ -----

3- College Student: $10.00/Month

Donation:

1000 ( ) 500 ( ) 250 ( ) 100 ( ) 50 ( ) 25 ( ) other $------

Method of Payment: Check ( ) Credit Card ( ) Cash ( ) Total: $: ----------

Type of Credit Card: American Express ( ) Visa ( ) Master Card ( ) Discover ( )

Account #: | | | | | | | | | | | | | | | | Expires on: / /

Rules & Regulations:

1- Applicant must be a Muslim who is 18 years of age or older.
2- Applicant must be a resident of Washington DC Metropolitan Area.
3- Applicant must enclose a photocopy of driver license for self and for spouse if married.
4- In event of a change of address, member will notify Dar Al Hijrah Islamic Center of the new address within 30 days.
5- Applicant agrees to abide by the constitution of Dar Al Hijrah Islamic Center.
6- Applicant by signing the application, agrees to release Dar Al Hijrah Islamic Center, its Directors, Officers, Employees, and Agents from any claims, demands of action applicant may have against Dar Al Hijrah as a result of omission, rejection, suspension, or termination of applicant's membership.

Signature: _____ **Spouse Signature:** _____ **Date: / /**

For official use only

Type of Membership: Honorary ( ) Associate ( ) Regular ( )

Date Application Received: / /

Authorized Person Signature: _____

Auth.#: _____

Date: / /

Application Approved ( )

Application Denied ( )

3159 Row St., Falls Church, VA. 22044 Tel.#: (703) 536-1030 Fax#: (703) 536-1035