

Membership Form

New Renewal

Name: _____

Address: _____

Home Phone: _____ Cel: _____

Email: _____

Membership Category:

Family Single Student

(Information requested below is for family memberships only)

Spouse's Name: _____

Children under eighteen years:

CHILD'S NAME	DATE OF BIRTH	BOY/GIRL

Fee Structure:

Family Membership (Husband, wife and Children under eighteen) \$ 20:00 Per Year
 Individual Membership (One person eighteen years or older) \$ 20:00 Per Year

By my signature below, I confirm that the information provided above is true to the best of my knowledge , that I wish to be considered for membership with the Islamic Center of Northland , Kansas City, Missouri and that I would abide by the Constitution and By-laws of the Center as applicable to all members.

.....
 Signature

.....
 Date

Please make checks payable to: The Islamic Center of Northland, KCMO.
 Please return the completed application with your payment to Any Board Member of the Islamic Center of Northland or mail to:
PO Box 28476, Kansas City, MO 64188.

Mr. Nisar A. Sheriff, Secretary ICN, 1001, NE106th Court, KCMO 64155. Tel # 816 734 0011