

The Muslim Center of Middlesex County

APPENDIX A: APPLICATION FOR MEMBERSHIP

IN THE NAME OF ALLAH, THE BENEFICENT, THE MERCIFUL

Name of Applicant: _____

Street Address: _____

City, State ZIP: _____

Phone Number: _____ E-mail: _____

Information about other family members applying of membership who are 18 years of age or older, and are living with you at the above address:

Name	Phone	Email	Signature

Name and telephone number of an existing member who recommends you:

With Allah Rabb-UI-Alamin (The Lord of the Universe) as my witness, I/We affirm that:

I/We bear witness that there is no God worthy of worship except Allah and that Muhammad (PBUH) is the last messenger and servant of Allah.

I/We fully agree with the objectives of the Muslim Center of Middlesex County and promise to abide by the rules and regulations stipulated in the Constitution. I/We am a legal resident of United States of America and I/We am joining the Muslim Center of Middlesex County for the sole purpose of attaining Allah's pleasure and success in the hereafter.

Signature of Applicant

Date

OFFICE USE ONLY	
Date Application Received:	_____
Date Acknowledgement Sent:	_____
Application Status:	€ Approved € Denied
Membership Number(s) (if approved):	_____
Comments:	_____

Signature of the Chairman, Membership Committee	_____
	Date
Signature of the President, MCMC	_____
	Date