

In the name of Allah, the Compassionate the Merciful

ISLAMIC CENTER OF BLOOMINGTON-NORMAL

2911 Gill Street, Suite #6
Bloomington, Illinois 61704
www.bloomingtonmosque.com
(309) 664-0304

MEMBERSHIP APPLICATION

Asalamu-Alaikum Brothers and Sisters. Please check one of the following:

____ Individual Registration (Please complete only the applicable information below.)

____ Family Registration (Please complete information about all family members)

PERSONAL INFORMATION

Name (Last) (First)

Spouse's Name (Last) (First)

Address (Street)

City State Postal Code

Home Phone

e-mail addresses (Yours) (Spouse's)

____ *Do not include the information completed above in the ICBN directory.*

YOUR PARTICIPATION

It takes the joint efforts of many members with various skills and areas of expertise to run an Islamic Center. Please check below to indicate any areas in which you or your spouse, if applicable, would be interested in assisting.

You

- ____ Leading Prayer
- ____ Adult Education
- ____ Teaching Youth
- ____ Serving on Executive Committee or Board
- ____ Dawah
- ____ Cleaning / Maintenance
- ____ Prepare Friday Lunch
- ____ Other (list:)

Spouse

- ____ Leading Prayer
- ____ Adult Education
- ____ Teaching Youth
- ____ Serving on Executive Committee or Board
- ____ Dawah
- ____ Cleaning / Maintenance
- ____ Prepare Friday Lunch
- ____ Other (list:)

INFORMATION ABOUT YOUR CHILDREN

This information helps ICBN target activities for certain age groups and plan for future demands.

Name (Last) (First) Date of Birth (MM/DD/YY)

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MEMBERSHIP INFORMATION AND FINANCIAL CONTRIBUTION

Please assist with a financial contribution to the best of your ability. Financial assistance is continually needed to maintain the facility and expand the activities and services offered at ICBN. ICBN believes that if each family contributes \$100 a month this will be enough to support the Islamic Center of Bloomington-Normal; however, a \$25 monthly minimum or a \$300 annual payment is required to become a regular member. Regular members who have been making their pledged contributions on time for twelve (12) consecutive months, shall have voting rights, and would be eligible to be nominated for the executive committee; however, all Muslims are welcome to participate in and attend all activities.

Membership of any member, or a household, that misses 3 monthly pledged contributions shall be suspended for all practical purposes. Six months of non-payments, shall end the membership.

To sign up for automatic withdrawal please complete the AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS form and submit with this application. The form is available on the website and at ICBN.

I will contribute (circle one)	\$100.00/month	\$50.00/month	\$25.00/month or \$300 annually (minimum)
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According to the ICBN Constitution and the by-laws, a member shall be any Muslim legally residing in the Bloomington/Normal area, who pays the required dues (as determined by the Executive Committee), wishes to be a member of the Association, and agrees to obey the constitution and the generally accepted practices of the Association.

I agree to obey the ICBN Constitution, the by-laws, and generally accepted practices of the Association. In addition, I am a legal resident of the United States of America.

A copy of this application and other information will be mailed to you upon approval of membership. To view the ICBN Constitution and by-laws please write or call ICBN and a copy will be provided.

Please make checks payable to: **ICBN**

Return to: **(donation box)**
ICBN Treasurer
2911 Gill Street., Suite #6
Bloomington, IL 61704

Signature Date

___ Check here if you would like a tax receipt at the end of each year.

The Islamic Center of Bloomington-Normal is a non-profit religious Tax Exempt organization under section 501(c) of the Internal Revenue Code.

For Administrative Use Only: ___ Approved ___ Not Approved Reason: _____
ICBN Executive Committee Member _____ Date _____