

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
(Last) (First) (Middle) (Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(No P o Box)

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residential Status: Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Other \_\_\_\_\_

Applying for: Individual Membership \_\_\_\_\_ Family Membership \_\_\_\_\_

May we list your address, e-mail and phone number in our membership directory? Yes \_\_\_\_\_ No \_\_\_\_\_

### Children

Name(s)	Age(s)	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, please contact:

Relative in the United States: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative out of the country: \_\_\_\_\_ Phone: \_\_\_\_\_

### Recommendation For Membership

Sponsored By (Please Print):

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Arbitration Agreement

*By signing this agreement I/we do hereby release the Islamic Center of San Gabriel Valley of all claims and liabilities. I/We will abide by all the rules and regulations set by Shoora as well as those specified in the By Laws of the Islamic Center of San Gabriel Valley. If I/we should ever get into a dispute with the Islamic Center, its board of directors, employees, or members, I/we agree to settlement in the form of a decision from the arbitration panel selected by the Islamic Center of San Gabriel Valley, and their decision will be final.*

*I/We do hereby declare that:*

*A: There is no one worthy of worship except Allah*

*B: Prophet Mohammad (SAWS) is the last Messenger of Allah and the Final Prophet of Allah*

*C: The Holy Quran is the Book of Allah as interpreted by Sunnah, Hadith and Fiqh and is a complete code of life*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (Optional)

\_\_\_\_\_  
Date

Note: Only completed applications will be processed. Completed applications may either be mailed to the Islamic Center of San Gabriel Valley or dropped in the membership application box in the Islamic Center. Applications may also be submitted to any elected member of the Majlid-e-Shoora or a Membership Committee member.

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For Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Cash \_\_\_\_\_

Chec-O-Matic Application Attached? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount/Month: \_\_\_\_\_

Status Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Member Number Issued: \_\_\_\_\_