

Islamic Center of San Gabriel Valley

19164 E. Walnut Drive North, Rowland Heights CA 91748

MEMBERSHIP APPLICATION

Fill This Form in all UPPERCASE Letters

Block 1: Applicant information. * Mr. Mrs. Miss.

*Last Name: _____ First: _____ Mid Init _____

Spouse Last: _____ Spouse First: _____

*Street address: _____ City _____ Zip: _____

*Home Phone: (____) _____ - _____ Cell/Work: (____) _____ - _____

Occupation: _____ Occupation Spouse: _____

*Primary e-mail address: _____ Secondary: _____

*Residential Status: Citizen Permanent Resident Other _____

*Membership Type: Individual Membership Family Membership

*** Please list your children below.**

Name	Age	Sex	Emergency Contact Name/Phone
			1. _____
			2. _____

Block 2: Sponsors info for membership recommendation.

* 1. Name: _____ Home Phone: (____) _____ - _____

* Signature: _____ Work Phone: (____) _____ - _____

* 2. Name: _____ Home Phone: (____) _____ - _____

* Signature: _____ Work Phone: (____) _____ - _____

Would you like to register as a volunteer? Yes (Form 107VR required) No
 List your e-mail and phone number in our membership directory? Yes No

Block 3: 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 Shura as well as those specified in the By Laws of the Islamic Center of San Gabriel Valley. If I/We 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

* Applicant Signature: _____ Date: _____

* Spouse Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Leave this section blank

Block 4: Application Received By.

Name: _____

Signature: _____

Date: _____

Block 5: Application processed by.

Date: _____

Payment Method: Check

Credit Card Money Order

Chk No: _____

Amount: _____

Check-o-Matic applicant:

Yes No

Amount /Month: _____

Approval Status:

Approved Denied Returned

Remarks: _____

Date: _____

Approved /Denied by:

1. Name: _____

Signature: _____

Date: _____

2. Name: _____

Signature: _____

Date: _____

Islamic Center of San Gabriel Valley

19164 E. Walnut Drive North, Rowland Heights CA 91748

MEMBERSHIP APPLICATION Instructions

Block 1: Applicant Information.

1) Applicant's name and address must be same as Government issued ID. 2) Unless information is not available or you do not wish to share it, fields designated with " * " must be filled out completely. 3) Fill this application completely with all UPPERCASE letters in legible writing use black ink pen, applications filled out with pencil are not acceptable.

Note: Do not leave any field blank, fields either filled out or write "none"

Block 2: Sponsors info for membership recommendation.

1) Minimum two current member's sponsorship is required to become a member. Sponsors name, phone number and signature are required. 2) If you wish to participate in ICSGV voluteer program please ask and fill form 107VR.

Block 3: Arbitration agreement.

Arbitration agreement must be read and understood thoroughly by the applicant signature and date are required. If the membership application is for the family then both family members must sign.

Block 4/5: FOR OFFICIAL USE ONLY

This section is reserved for official use only. Do not wirtre in this section.

Payment Method:

Acceptable payment methods are personal check, credit card, or money order.

Membership Donation Amount:

At the time of application and renewals between Januray 1st and May 31st of each year.

Individual membership ... \$60.00

Family membership ... \$90.00

Late renewals between June 1st and October 31st of each year.

Individual membership ... \$60.00 + \$25 late fee = \$85.00

Family membership ... \$90.00 + \$25 late fee = \$115.00

Check-o-Matic Applicant:

Check-o-matic application must accompany a copy of cancelled check.

Applications Denied/Returned:

This application may be returned to the applicant for the following reasons.

1) Incompleteness. 2) Illegible writing. 3) Payment not included. 4) Arbitration agreement/ Application not signed. 5) Copy of the check not included for Check-o-Matic applications. 6) Application can be denied if the sponsors have not been members for 2 years or more or if they have already sponsored more than 5 applicants.

Note: If you have further questions or need help to fill this form, please contact any elected member of the Majlis-e-Shoora.