



Islamic Circle of Mercer County

Application for ICMC Annual Membership (Please circle one): Family (\$200) or Single (\$100)

Membership Id#: ____ - ____ (Official Use Only)

Membership Calendar Year:

Marital Status: Married: or Single: How long have you been affiliated with ICMC?.....

Applicant Last Name: First Name: M.I:

Spouse: Last Name: First Name: M.I:

Current Address:

Applicant Cell Ph: Spouse Cell Ph:

Applicant e-mail: Spouse e-mail:

For ICMC shura nomination eligibility purpose, list below only unmarried adult children over 18 years, who are students and living with you. (Unmarried adult children over 18 years, who are employed can apply for Single membership - use a separate form).

Child-1: Last Name: First Name: M.I:

Child-2: Last Name: First Name: M.I:

The undersigned applicant(s) hereby agree and testify that:

- I/We bear witness there is no God but Allah and Muhammed (Peace be upon Him) is His final Messenger; and the information provided above was true and accurate to the best of my/our knowledge.
- I/We concur with the Objectives and Mission of the ICMC and will abide by the Constitution and the By-Laws as they exist and are amended.
- I/We are not under any criminal indictment.

Membership due: (\$200/family/year or \$100/single/year): \$ _____.

Method of Payment (Please circle one): By Check (payable to ICMC) or by Cash or by Credit Card.

Credit Card # _____ Expiration date _____ (Month/Year)

Please furnish 2 References of current ICMC community members or affiliates (not immediate family or household):

1. Name: Ph #:

2. Name: Ph #:

Applicant-1 Signature and Date

Applicant-2 (spouse, if applicable) Signature and Date

ICMC Shura Approval: Approved or Not Approved (& reason for rejection):