



ISLAMIC CENTER OF IRVING (ICI)

Address: 2555 Esters Rd, Irving, TX 75062 Phone: (972) 721-9136
 Website: <http://www.irvingmasjid.org> Email: irvingmasjid@yahoo.com
A Non Profit Religious 501(c)(3) Organization

General Body Membership Form

Membership # _____ Date: ___/___/_____
 Membership Duration: Annual 3-year Auto Renewal: Yes No
 Membership Type: Family Individual Student

<u>Personal Info</u>	
Family Name: _____	First Name: _____ MI: ___ DOB ___/___/____
Street Address: _____ Apt: _____	
City _____	State _____ Zip _____
Home Phone: _____	Cell Phone _____ Office Phone _____
Email Address _____ Profession: _____ Country of Origin (optional): _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other Spouse's Name: _____	
Children (Name, DOB, and Gender) (optional): _____	

Volunteering:

How many hours do you volunteer for ICI per week: _____. How many hours does your spouse volunteer for ICI per week: _____

Would you like to be added to ICI Volunteer base: Yes No

Does your company have a Volunteer Incentive/ Matching Program Yes No

Comments (volunteer activities etc.): _____

Additional Donations	Select (Circle) Amount / Month
Masjid Operations (optional)	\$20 \$25 \$30 \$35 \$40 Other _____
Sadaqah for Muslims (optional)	\$5 \$7 \$9 \$13 \$20 Other _____
Islamic School of Irving (optional)	\$5 \$7 \$9 \$13 \$20 Other _____
Programs (Dawah, Refugee Children, Islamic Sunday School, Library -- optional)	\$5 \$7 \$9 \$13 \$20 Other _____
Monthly Membership to ICI (mandatory)	\$10
YOUR TOTAL MONTHLY AMOUNT	

Dues can be paid monthly with credit card or automatic withdrawal (**preferable**) (**please include void check**).

Pledge Information	Credit Card Information <input type="checkbox"/> Monthly <input type="checkbox"/> One Time
Name	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMX
Address	Name on Card:
Apt #	Credit Card Number:
City	Expiration Date: ___/___/____ <input type="checkbox"/> Date Beginning ___/___/____
State Zip	Signature (required):
Phone Number	Automatic Withdrawal <input type="checkbox"/> Monthly <input type="checkbox"/> One Time
Email address	<input type="checkbox"/> Void Check <input type="checkbox"/> Date Beginning ___/___/____

I give permission to the Islamic Center of Irving to withdraw the monthly pledge from my bank account and/or credit cards each month. I will submit a written notice of any changes or terminations of membership to the Islamic Center of Irving, to adjust my account within a reasonable period of time.

Office Use Only

Signature Secretary ICI: _____ Date: ___/___/____ Membership Accepted / Rejected Expires ___/___/____

Notes: _____

Rules and Regulations

1. This membership entitles you to vote in the Shura Body Elections ONLY if the membership is current and active longer than 6 months.
2. This membership entitles the eligibility to participate in the elections for the Shura Body and the Shura Council ONLY if you hold a membership that is current and active for more than 1 year in good standing and are elected to the Shura Body.
3. Validity of the membership is based on the type of Membership (Annual/3 year). If Auto Renewal is selected, then the membership is automatically renewed on an annual basis. If a membership expires, the member will have 30 days (grace period and the membership is still valid) from the date of expiry to renew the membership. Auto Renewal will allow the membership to be renewed automatically up to 3 years from the time this application is submitted.
4. ICI is a non-profit organization and is dependent on donations. Hence you must fill out the form above completely and accurately to the best of your ability. We request and encourage everyone to give at least 1% of net income to the Masjid (ICI) Operations. (All donations are tax deductible)
5. Members agree to abide by the Constitution of the Islamic Center of Irving completely, and work under the guidance of the Shura Council of ICI (Constitution copy available upon request). The Shura Council of ICI may accept, deny, or revoke membership any time without prejudice. All decisions are at the discretion of the management of ICI.
6. Annual membership dues are: \$120 for families, \$100 for Singles, \$50 for students or \$10 per Month.
7. Three year membership dues are: \$300 for families, \$250 for Singles, \$200 for students.
8. By signing this membership you forfeit the right to any litigation against ICI and/or its management.

Any issue may ONLY be resolved by the Texas Islamic Court Arbitration.

Reference #1 _____

Reference # 2 _____ (must be a current member of ICI)

I _____ have read the above and completely agree to abide by all the rules above, and the constitution of ICI.

Signature Applicant: _____ Date: ___/___/_____ Amount Paid: _____

Spouse Signature (optional - Family membership): _____ Date: ___/___/_____