

## Membership Registration Form

### ❖ STEP 1: Please choose one membership type only

- Associate: I am under 18 years old, not from this community, or rarely attend the Masjid. I understand I cannot vote in a General Assembly for run for office.
- Member: I am 18+ years of age, a legal resident, regularly in the Masjid, known by the Imam or the committee. Members have the right to vote at a General Assembly and to run for office.

### ❖ STEP 2: Fill in your personal information

Brother  Sister First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Brother  Sister Spouse First Name \_\_\_\_\_ Spouse Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Spouse Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_ Spouse Email \_\_\_\_\_

Check box if you do not want your phone number to be included in our database to receive NHIC urgent Masjid text messages only.  
 Check box if you do not want your email to be included in our database to receive NHIC e-news and Masjid announcements.

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Children's Information

Child's DOB \_\_\_\_\_  Girl  Boy Child's DOB \_\_\_\_\_  Girl  Boy Child's DOB \_\_\_\_\_  Girl  Boy  
 Child's DOB \_\_\_\_\_  Girl  Boy Child's DOB \_\_\_\_\_  Girl  Boy Child's DOB \_\_\_\_\_  Girl  Boy

### ❖ STEP 3: Obtain Signature (s) - Only applicants seeking membership must complete this step

Obtain the signature of Sheikh, two Community Members, or two Executive Committee Members.

Official Masjid Sheikh Name \_\_\_\_\_ Signature \_\_\_\_\_

OR Community Member #1 Name \_\_\_\_\_ Signature \_\_\_\_\_

Community Member #2 Name \_\_\_\_\_ Signature \_\_\_\_\_

OR Executive Committee #1 Name \_\_\_\_\_ Signature \_\_\_\_\_

Executive Committee #2 Name \_\_\_\_\_ Signature \_\_\_\_\_

### ❖ STEP 4: Sign & Submit your form

The Membership Registration Form can be handed to an Executive Committee Member or the Office Administrator. Alternatively, you can drop it off in any donation box.

By signing this application, I agree to abide by the NHIC By-laws otherwise my membership may be revoked. I confirm that the information I have provided is correct. I accept that any false information that I have provided will invalidate this application.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for submitting your Membership Registration Form. The Executive Committee will review the application and will contact you.

**Office use only** Approved by Executive Committee  yes  no If no, why: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_