

## MUSLIM CENTER OF SOMERSET COUNTY, INC.

A Non-Profit Tax Exempt Organization, Tax ID # 22-3183126

PO Box 7497, Hillsborough, NJ 08844-7497

Web Site: http://www.mcscmasjid.org \* E-mail: mcsc@mcscmasjid.org \* Phone: 208-907-6267

## **MEMBERSHIP FORM**

Today's Date:		□ F	amily	□ Sing	gle
Name: Mr.	./Mrs./Ms./Dr	(Last)	(First)	1	(MI)
		(====,	(* ** • • • )		(····)
Spouse Na	me:				
(Last)			(First)		(MI)
Street Address:		City:		State:	Zip Code:
Phone: (Home)		(Mobile)		Email:	
[		Membership Type and Anr	nual Dues (Non-Re	fundable)	
	\$120.00 for	Family Membership	hip \$60.00 for Single Mer		mbership
	(Husband/Wife a	nd Children under 18 years)	(Single	Person with no	Children)
	ould like to pay the m	thdrawal that is already estab embership fee separately, ple			•
•		□ Credit Card	□ Bank		
Credit Car	d Information				
□ Visa	□ Amex	☐ MasterCard	□ Discove	er	
Credit Card	#			Expire	CVV
Automatic	Bank Withdraw			•	,
Routing No I authorize MO	CSC to withdraw from		Account Ty vritten. This author	pe □ Checki rity will remair	
The undersign	ned applicant(s) here	by agree and testify that:			
(1) I/We bea	ar witness that there	is no God but ALLAH [SWT]	and Prophet MU	HAMMAD [PB	UH] is His last messenger.
` ' '	•	ves, mission of the MCSC, wi	ill abide by the By	y-Laws, as they	exist and/or amended.
	over the age of eigl				
(4) I/We are	legal resident(s) of	the United States of Americ	a.		
Signature:			Date:		
Additional	Signature (if necess	ary):	Date:		