



The Islamic Society of Central Jersey

2017 MEMBERSHIP APPLICATION

*New Member: ☐ Renewal: ☐

Name: Mr./Mrs./Ms./Dr. _____
Last First MI

Home Address: _____

Phones: Home: (____) _____ Work: (____) _____

Email: _____ Fax: (____) _____

Spouse: _____
Last First MI

Children: (Use back of the page if more space is needed)

Name	Age	M/F	School Attending (WES, NUI, QA if applicable)

Membership Types and Fees (Non-Refundable)

- (1) **Family Membership** (Husband/Wife and children under 18 years old): **\$425**
- (2) **Single Membership** (Single person with no children. Note that single parent with child/children attending NUI School or Weekend School pay Family Membership fees): **\$200**
- (3) **Student Membership** (ages 18 to 22): **\$50**
- (4) **Seniors Membership** (65 years+): **\$100** for Single Membership and **\$200** for Family Membership

Membership Fee: \$ _____

Suggested (voluntary) donation to the ISCJ Endowment Fund: \$25 or _____

Suggested (voluntary) donation to the ISCJ Security Fund: \$25 or _____

Total Payment: \$ _____

Please check one: ☐ cash
☐ check # _____
☐ credit card # _____ exp. _____ security code _____

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

1. I/We bear witness that there is no God but ALLAH and MUHAMMAD is His messenger.
2. We concur with the objectives and mission of the ISCJ and will abide by the Constitution and the By-Laws as they exist and are amended;
3. Our membership has not been terminated for cause by any Islamic Organization elsewhere;
4. I/We are not under any criminal indictment;
5. I/We are over the age of eighteen (18) years.

I/We understand that becoming a voting member entitles us to participate in ISCJ operational activities, through the Board of Trustees, the Board of Overseers, operating committees and attend all meetings, which require quorum.

I/We are aware that ISCJ office must receive this application and full payment of the membership fees before December 31 of the current year in order to vote in the elections in the spring of the following year. It is further understood that the membership fees are **non-refundable**.

*New Applicants must provide at least one reference who is a current ISCJ voting member or ISCJ Founding Member.

Name of Reference/s: _____ Phone : _____

Signature: _____ Dated: _____

Spouse's Signature: _____ Dated: _____