



# The Islamic Society of Central Jersey

## 2021 MEMBERSHIP APPLICATION

For renewals only Name, Cell, Email and Address are required

**Primary Member:** Title: Mr./Mrs./Ms./Dr./Other \_\_\_\_\_ \*New Membership

Name: \_\_\_\_\_  
First Middle Last

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

**Spouse:** Title: Mr./Mrs./Ms./Dr./Other \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

**Address:** \_\_\_\_\_

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

Name	Age	M/F	School Attending		
			WES	NUI	QA
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Volunteer Activities** (Please let us know which volunteer activities you are interested in)

- |   |                        |              |
|---|------------------------|--------------|
| Ramadan (Iftar, Parking)                        | Fundraising Activities | IT/Website   |
| 27 <sup>th</sup> Night (Iftar, Suhoor, Parking) | Membership Drives      | Other: _____ |
| Eid (Parking, Setup, Clean-up)                  | Funeral/Burial Support | _____        |
| Friday Parking                                  | Weekend Programing     | _____        |
| Youth Activities                                | Office/Clerical Work   | _____        |

### Membership Types and Fees (Non-Refundable)

- Family Membership** (Husband/Wife and children under 18 years old, single parent with child/children attending NUI or WKS): **\$425**
- Single Membership** (Single person with no children): **\$200**
- Student Membership** (ages 18 to 22): **\$50**
- Seniors Membership** (65 years+): **\$100** for Single Membership and **\$200** for Family Membership

**Membership Fee:** \$ \_\_\_\_\_  
**Suggested (voluntary) donation to the ISCJ Endowment Fund:** \$25 \_\_\_\_\_  
**Suggested (voluntary) donation to the ISCJ Security Fund:** \$25 \_\_\_\_\_  
**Total Payment:** \$ \_\_\_\_\_

**Payment method:**  Cash  Check# \_\_\_\_\_  Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

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

- I/We bear witness that there is no God but ALLAH and MUHAMMAD is His messenger.
- I/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;
- My/Our membership has not been terminated for cause by any Islamic Organization elsewhere;
- I/We are not under any criminal indictment;
- 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 of a current ISCJ voting/Founding Member.**

Name of Reference/s: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_