

All new or renewal membership forms and fees must be submitted or post dated no later than March 31 to be eligible to vote.



In the Name of Allah, Most Gracious, most Merciful
The Islamic Center of New England, Inc.

74 Chase Drive, Sharon MA 02067 Tel: (781) 784-0434
 470 South Street, Quincy MA 02169 Tel: (617) 479-8341, Fax: (617) 471-9526
 Web site: <http://www.icne.net>

MEMBERSHIP APPLICATION FORM

Note: A continuous membership for two years is required to be eligible to vote in ICNE general election.

TYPE OR PRINT IN BLUE OR BLACK INK. USE BLOCK LETTERS AND NUMBERS.

Applicant	Last											Gender	For Office Use Only
	First	Middle Initial											
Address	Street												
	City				State				Zip Code				
Telephone	Home			Work			Fax			Date Completed			
Email & Profession	Email Address				Profession				Payment Method				
Spouse	Last				First				Middle Initial				Amount Paid
	Email Address				Profession				Rev: 2-18-2007				
Children Under 18 years old (Use back of form if more space is)	First		Middle			Last			Age		Gender		
Fees please make all checks payable to ICNE	Determine you membership type and fee below and enter the appropriate amount to the right →										Membership Fee		\$
	New Membership Fee						Annual Renewal Fee						
	Single	\$25 Registration + \$50 Annual			\$75		Single	\$50			Donations		\$
	Family	\$25 Registration + \$100 Annual			\$125		Family	\$100			Total		
	Lifetime	\$3,000 (Includes Registration)			\$3,000		Lifetime	\$3,000					
Automatic Withdrawal Option	<input type="checkbox"/> Yes, I wish to participate in the ICNE's automatic monthly Withdrawal program I authorize the ICNE to Withdraw \$ _____ per month from my bank account (please provide a cancelled check made payable to ICNE)												
	Bank Name						Bank Account Number						
Sponsors (2 sponsors are required to complete application)	Name (Print)		Membership Number			Telephone Number			S i g n a t u r e				
Declarations, Oath and Signature	1. I declare that I am a Muslim and testify that there is no God but Allah (God's name in Arabic) and Muhammad (peace be upon him) is His prophet. I also declare that I am a legal resident of the U.S. and I reside in one of the New England states.												
	2. I agree to abide by the ICNE constitution and bylaws (A copy of the ICNE Constitution and Bylaws is available to all.												
	3. I agree that arbitration, using the process described in the bylaws, will be the sole means to reach a resolution for all otherwise litigable conflicts that may arise among the ICNE members, directors, officers, employees, the persons served by the corporation and all members of the committees or subcommittees. The decision of the arbitrators will be binding and final.												
	Applicant				Spouse				Date				
For Office Use Only	Verified By		Approved By			Date			Comments				
	Date Received		Approved By			Date							