



ISLAMIC CENTER OF FREDERICKSBURG

7020 Harrison RD, Fredericksburg, VA 22407

TEL. (540)786-5972



MEMBERSHIP APPLICATION

ASSALAM ALAIKUM BROTHERS AND SISTERS

As we begin a new year in our Masjid, it seems a good time to take yet another step in organizing our growing community. Please provide information below if you like to be a member of the ICF. Membership is per calendar year (January-December); therefore it will be necessary to complete a new form each year. The Membership fee is **(\$20/year per family)**.

If you cannot afford, let us know so we can waive the dues.

Please submit payment with completed form.

APPLICANT INFORMATION

Last Name:	Middle Initial	First Name:
Current address:		
City:	State:	ZIP Code:
Phone:	Cell:	Phone:
Email:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Last Name:	First Name:
Phone:	Email:

NAME OF BUSINESS OR SERVICE (OPTIONAL)

Name	Address	Phone

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

FOR OFFICIAL USE ONLY

Date Received:	Amount Received:
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