



ANNUAL MEMBERSHIP REGISTRATION FORM

Asalam Alykour:

I hereby apply for membership to Masjid Fatima Al Zahra. I agree to abide by the Organization's bylaws and understand that submitting this application does not imply an automatic acceptance.

I solemnly declare that I am a resident of Long Island (Nassau County and Suffolk County), New York, USA and pledge to work actively to achieve the objectives of Masjid Fatima Al Zahra in co-operation with its Elective Committees.

I also agree that any controversy or claim arising out of or relating to this membership shall be settled by the Masjid Fatima Al Zahra Membership Committee and the Executive Committee in accordance with the bylaws and Code of Conduct. By signing this application, I agree and understand that any violation of Masjid Fatima Al Zahra Rules and Bylaws would lead to the suspension and or the termination of my membership. I confirm that the information I provided on the application is correct. I accept that any false information that I have provided will invalidate this application.

By signing this application, I understand that my name will be included on the Voting Board List and becomes public information, if you don't like your name published and you don't like to exercise your right to vote, initial here _____.

By signing this application, I understand that my Membership Application is subject to a background check and I will provide a copy of my NYS Drive License or ID.

Are you a legal resident of Long Island (Nassau or Suffolk County), New York, USA?

☐ Yes ☐ No

Signature: _____



MASJID FATIMA AL ZAHRA

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Date: _____

Annual membership dues are from January 1st through December 31st.

Membership (select one): ☐ New Member ☐ Renewal

☐ Family: \$300.00 ☐ Single: \$150.00 ☐ Student: \$100.00

Self: Last Name: _____ First Name: _____

Occupation: _____

Spouse: Last Name: _____ First Name: _____

Child 1: Name: _____ Child 2: Name: _____

Child 3: Name: _____ Child 4: Name: _____

Address: _____ City: _____ Zip: _____

Home # _____ Cell # _____ Email: _____

Do you wish to receive updates relating to the Masjid Fatima Al Zahra via Email & Text Messages?

☐ Yes ☐ No

Signature: _____

For Office Use Only:

Approved By: _____ Paid by Check / Money Order No. _____

Disapproved By / Reason: _____