

المركز الإسلامي لمدينة ديترويت

ISLAMIC CENTER OF DETROIT
(ICD)

Date received: / / 09

Serial #: _____



14350 Tireman, Detroit MI 48228
Tel: (313) 584-4143, Fax: (313) 584-3435

**NEW MEMBERSHIP
APPLICATION FORM**

Name: (First) _____ (M.I) _____ (Last) _____

Gender: M F

Address: (Street) _____ (City) _____ (State) MI (Zip) _____

Phone: House () - Work: () - Ext: Cell: () -

E-mail: _____ @ _____

Marital Status: _____ Your Age: _____ Y.

Profession: _____ Employer: _____

Membership Rules and Conditions

Who may become a member?

1. Any Muslim who is 18 years of age or older.
2. To be recommended by two other full members of the ICD.
3. Reside within the Metro Detroit Area.
4. Follow the Sunna and Jamaah school of thought.
5. Pay the membership dues.

Agree to obey the ICD's Bylaws and Constitution of the center.

Dues: Members shall pay to the Center, as membership fees, of one hundred and fifty Dollars (\$150.00) annually per member. (Student: \$75.00)

Important Notes:

1. An applicant will become a member after the ICD's Board written approval.
2. More details about the membership Rules and Conditions are listed in the center's ByLaws.

PAYMENT INFORMATION (Choose One)

Check# _____ Amount: \$ _____ (Checks are to be made for: ICD)

C.C.: MC Visa Card# _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Application Fees are due upon submitting the application and are not refundable or transferable

MEMBER'S AGREEMENT AND PROMISE

I declare that I have read and understood the above rules and conditions for membership, and promise to comply with the bylaws and constitution of the Islamic Center of Detroit (ICD).

Signature: _____ Date: / / 2009