

MEMBERSHIP APPLICATION

MASJID ASAFFAT, 25 Oxford Street Trenton NJ 08618, Phone: 609-695-7775

Membership No: _____

Date: ____/____/20____

Name: _____

(First)

(Middle)

(Last)

Address: _____

(Street)

(City/Town)

(State)

(Zip)

Profession/Specialty: _____

Phone: _____

Email: _____

Note: You can also subscribe at <http://www.masjidassaffat.com/> to receive updates from Masjid via email.

NAME **RELATIONSHIP** **(X) CHECK IF MEMBER**

How would you like to support your Masjid?

Please check all that apply. Please see Masjid management for further queries.

- I authorize monthly \$_____ to be deducted automatically from my Bank Account* and am attaching a void check for reference.
- I authorize onetime \$_____ to be deducted from my Bank Account* and am attaching a void check for reference.
- I will submit cash \$_____ by hand every month.
- I can be contacted for volunteer services if and when required.

*Be sure that Masjid pays penalty if an automatic transaction is denied due to insufficient funds in the your bank account. Please inform Masjid beforehand if something similar happens.

Signature _____

Date: _____

Note: in applying for the membership of IMBI, I accept the constitution and BYE LAWS without any reservations.