



434 S. Vermont Ave. Los Angeles, CA. 90020

Phone: (213)382-9200 Fax: (213)384-4572

www.islamctr.org

Membership Application

Individual Joint (Husband and Wife)

Ms. Mr. Mrs. Dr. _____

First name

Middle name

Last name

Home address _____ City _____ State _____ Zip _____

Email address _____ Home phone _____ Cell phone _____ Work phone _____

Employer name _____ Occupation _____

Employer address _____ City _____ State _____ Zip _____

Date of birth _____ Place of birth (City) _____ State _____ Country _____

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other: _____

This part for joint applicants only (Spouse) _____

Ms. Mr. Mrs. Dr. _____

First name

Middle name

Last name

Email address _____ Home phone _____ Cell phone _____ Work phone _____

Employer name _____ Occupation _____

Employer address _____ City _____ State _____ Zip _____

Date of birth _____ Place of birth (City) _____ State _____ Country _____

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other: _____

Personal Information (Optional) * This information is for ICSC statistics only

Marital Status: Single Married Divorced Widowed

Cultural Background (please specify):

Applicant: _____

Spouse (If joint application): _____

Name of Children	Date of Birth	E-Mail Address	Do they attend?		
			Youth Group Activities	Sunday School	New Horizon School
1 - _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills / Volunteer Information:

Applicant Spouse	<input type="checkbox"/> <input type="checkbox"/> Accounting / Finance <input type="checkbox"/> <input type="checkbox"/> Legal Service <input type="checkbox"/> <input type="checkbox"/> Database Management <input type="checkbox"/> <input type="checkbox"/> Computers	Applicant Spouse	<input type="checkbox"/> <input type="checkbox"/> Fundraising <input type="checkbox"/> <input type="checkbox"/> Marketing <input type="checkbox"/> <input type="checkbox"/> Social Service <input type="checkbox"/> <input type="checkbox"/> Religious Service	Applicant Spouse	<input type="checkbox"/> <input type="checkbox"/> Youth Service <input type="checkbox"/> <input type="checkbox"/> Event Coordination <input type="checkbox"/> <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> <input type="checkbox"/> Other _____
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Languages you know or speak:

	English	Spanish	Arabic	Farsi	Urdu	Other
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spouse (If joint application):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Please list the name of other Organizations in which you are a member:

Name of Organization	Type of Organization					Who is a Member?	
	Religious	Professional	Educational	Social	Other	Applicant	Spouse
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations (two ICSC Voting Members):

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Signature: _____	Signature: _____
Telephone: _____	Telephone: _____
E-Mail: _____	E-Mail: _____

I hereby apply for membership to the Islamic Center of Southern California. I agree to abide by the Center's by-laws and understand that submitting this application does not imply automatic acceptance. I also agree that any controversy or claim arising out of or relating to this membership shall be settled by the Los Angeles office of the American Arbitration Association in accordance with its rules. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Applicant Signature _____	Date _____
Spouse (If joint application) _____	Date _____

Dues are \$120.00 per year/Individual member or \$200.00 per year/Husband and Wife upon approval of the application. (Each family member over 18 years must submit a separate application.)

To Be Completed BY ICSC

Date Application Received: _____ Received by: _____

Membership Committee Action

Reviewed by Committee: _____

Signature of Chairperson: _____ Date: _____

Remarks: _____ Recommend: Not Recommend:

ICSC Board Action

Meeting Date: _____ Approved: Not Approved:

ICSC Board Secretary: _____ Signature: _____

Effective Membership Date: _____ Membership I.D. #: _____

Remarks: _____