

Muslim Community of Western Suburbs (MCWS)

MEMBERSHIP FORM

I hereby submit my application to become a member of the Muslim Community of Western Suburbs (MCWS) for the membership category selected below:

- Family Membership (minimum donation \$200.00 per year)
 Single Membership (minimum donation \$100.00 per year)
 Check-o-matic (monthly deduction from bank account, optional)

- Discounted membership (\$10/month or \$120.00/yr):**
OR Age > 65 yrs
 Students
 Limited Income

PERSONAL:

Name: _____
Last, First, Middle
Address: _____
Number/P.O.Box Street Apt. #
City State Zip Phone / Cell

Qualification: Undergraduate Graduate Doctorate Certifications (if any): _____

Profession: _____ Business (if any): _____

Comments: _____ Website/Phone: _____

FAMILY INFORMATION:

Spouse Name (optional): _____ # of Children: _____

Emergency Contact (In US): _____

Emergency Contact (Outside US): _____

VOLUNTEER INFORMATION:

- Masjid/Facility Dinner Public Affairs
 Newsletter/Communications Youth Programs Finance
 Education Sports Da'wah/Outreach
 Programs/Social Adopt-a-Highway Library
 Other: _____

WEB SITE ACCESS:

Do you want membership login?
 Yes No
If yes, please provide your email address: _____

PUBLISH INFORMATION:

Do you wish to publish your name, address and phone number in the community directory? Yes No

PLEASE READ CAREFULLY

MEMBERSHIP BENEFITS:

- Discount on annual activities
- Voting rights for Board/Shura Members
- Only paid members will be allowed to exercise voting rights
- Discount on various seminars
- Eligible for nomination to the Board/Shura
- Family membership represents one vote for each spouse.

TERMS AND CONDITIONS:

- I agree to abide by the rules and policies of MCWS.
- I will not disseminate defamatory information regarding MCWS and its associates.
- I agree to raise any concerns or objections that I may have directly to the MCWS Board.
- I agree to pay my dues in a timely manner.
- I will not engage in any activity that could potentially result in damage to MCWS property.
- MCWS is not liable for any loss/damage to members' personal property on MCWS premises.

DECLARATION:

I have read and understood the terms and conditions as stated above. I hereby declare to abide by the rules and regulations of MCWS. The MCWS Board has the right to revoke my membership if I am found to be in violation of any terms.

Member's Signature _____

Dated _____

MCWS Membership Coordinator _____

Please mail this form to: 40440 Palmer Road, Canton MI-48188 - OR - Place inside the Drop Box located at the door of the IQRA Library.

Thank you for your support.