

## Associate Membership Application Form

<b>Full Name (First, last)</b>			
<b>Spouse Name (First, last)</b>			
<b>Home Address</b>			
	City:	State:	Zip:
<b>Home Phone</b>		<b>Email</b>	
<b>Mobile Phone</b>		<b>Service Provider</b>	
<b>Preferred Method of Communication</b>	<b>US Mail</b>	<b>Email</b>	<b>SMS</b> (Text Message)
<b>List of household dependents over the age of 18 years</b>			
<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	
<b>Payment Method</b>	<b>\$25 (Minimum) / Other \$ _____ / Monthly (Cash 6 month Minimum Payment \$150)</b>		
	<b>\$25 (Minimum) / Other \$ _____ / Monthly Checking Account Auto-Payment</b>		
	Routing # _____		
	Account # _____ Checking Account (bottom of check):		

### 2 Good Standing Full Members

Name	Signature

I certify by signing below that I agree to the fee stated above and that I am:

- Of Muslim faith
- Over eighteen years of age

I Have Received a Copy of the September 2008 IHIC By-Laws     Yes                       No

I Agree to abide and follow the By-Laws and Policies of IHIC     Accept                       Reject

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Office Use Only)

Application Received Date		Membership No.	
Processed by:		Title:	
Decision:		Effective Date:	
Comments:			