



## 2014 Membership Application Form \*

Full Name:

Phone Number

Email:

Local Address:

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Profession:

Social Status:

Single

Married

Number of Children:

Only for married:

Name of the husband/spouse:

Membership Fee:

Single Student Member: **\$12.00**

Family: (students) **\$18.00**

Single Non-student Member: **\$24.00**

Family: (non-students) **\$36.00**

**The undersigned agrees to obey the Constitution, Bylaws of the I.S.C.P:**

Signature:

Date: / /2013

\* A Member shall be an adult Muslim who has applied for membership, paid the required dues and agreed to obey the Constitution and Bylaws of the Society.