

In the Name of Allah, Most Gracious, Most Merciful

The Islamic Foundation of Greater Saint Louis

517 Weidman Road, Manchester, MO 63011, Tel: (636) 394-7878, 394-8982, Fax: (636) 527-1943
(Mailing Address: P.O Box 240219, Ballwin, MO 63024)

Membership Application Form 2010

Eligibility: Any Muslim 18 years or older living in the Greater Saint Louis or nearby area, accepting the Constitution of the Foundation can become a member. **This membership includes both Masajid and facilities of the Foundation**

Note: According to Article III, Section 7 of Islamic Foundation-Constitution & By-Laws, **the membership form has to be returned to the foundation office on or before March 31 of the year for continuation of your membership and to be eligible for voting.**

On behalf of Majlis Al-Shura, the membership fee for the Islamic Foundation is as follows

Membership Category		Membership Dues
Member at Large	<input type="checkbox"/>	No annual dues, no voting privileges
<u>IFGSTL</u> -Regular Individual Membership	<input type="checkbox"/>	\$ 75.00 per year
<u>IFGSTL/ISNA</u> Regular Individual Membership	<input type="checkbox"/>	\$ 85 per year
<u>IFGSTL</u> -Regular Family Membership	<input type="checkbox"/>	\$ 100.00 per year
<u>IFGSTL/ISNA</u> Regular Family Membership	<input type="checkbox"/>	\$120 per year
<u>IFGSTL-Life Individual</u> Membership	<input type="checkbox"/>	\$ 1,125.00 (15 years)
<u>IFGSTL/ISNA-Life Individual</u> Membership	<input type="checkbox"/>	\$ 1,275.00 (15 years)
<u>IFGSTL-Life Family</u> Membership	<input type="checkbox"/>	\$ 1,500.00 (15 years)
<u>IFGSTL/ISNA-Life Family</u> Membership	<input type="checkbox"/>	\$ 1,800.00 (15 years)

Additional donation. New Member Renewal Member (If your information has not been changed, leave the rest of the form blank, except name, signature and date)

First Name _____ Middle _____ Last _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____ E-mail _____

	Self	Spouse
Name	_____	_____
SS #	_____	_____
Profession	_____	_____
Specialty	_____	_____
Work Address	_____	_____
City/State/Zip	_____	_____
Work Phone	_____	_____
Fax No.	_____	_____

Country of origin: _____ Residency Status: Citizen Immigrant Other _____

Signature: _____ Date _____

Do not list my name and telephone number in Telephone Directory.

I / We am/are available to serve as a volunteer Paid members only
 On regular basis On need basis Available to serve in a committee

For Office Use:
Date application received: _____ Date processed _____ ID # _____
Type of payment received: Amount: _____ Check #: _____ Money Order: _____
Chairman of Membership Committee' signature: _____