



THE MUSLIM COMMUNITY CENTER , INC.
MEMBERSHIP APPLICATION

APPLICANT INFORMATION

New Membership

Renewal

Amount Paid: _____

Cash Check (payable to MCC): # _____

Active: Single \$100 Family \$200

Associate: Single \$50 Family \$100

Adjunct: Single \$50 Family \$100

Name(s): _____
Applicant *Spouse*

Address: _____
Street *City*

City: _____ State: _____ ZIP Code: _____

Phone: _____
Residence *Work* *Mobile*

REQUIRED FOR NEW MEMBERSHIP APPLICANTS ONLY

Type of Visa: US Citizen Permanent Resident Other: _____ Country of Birth: _____

Sponsors:

1) _____
Name

2) _____
Name

Street Address

Street Address

City

City

State *Zip Code*

State *Zip Code*

Sponsor's Signature *Date*

Sponsor's Signature *Date*

Applicant's/Member's Signature *Date*

Spouse's Signature (optional) *Date*

NOTE: AN ACTIVE MEMBERSHIP APPLICANT MUST BE A U.S. CITIZEN OR A HOLDER OF AN IMMIGRANT'S OR INTERNATIONAL CIVIL SERVICE VISA. THIS RULE DOES NOT APPLY FOR ASSOCIATE OR ADJUNCT MEMBERSHIP APPLICATIONS.

FOR OFFICE USE ONLY

Membership Committee's Recommendation: _____

Signature: _____ Date: _____

Approved by the BOD: YES NO CONDITIONAL _____ Date: _____