

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# THE MUSLIM COMMUNITY CENTER

15200 NEW HAMPSHIRE AVE., SILVER SPRING, MD 20905



## MEMBERSHIP APPLICATION

APPLICATION TYPE:	MEMBERSHIP TYPE:	PAYMENT:
<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal	<b>Active:</b> <input type="checkbox"/> Single (\$100) <input type="checkbox"/> Family (\$200) <b>Associate:</b> <input type="checkbox"/> Single (\$50) <input type="checkbox"/> Family (\$100) <b>Adjunct:</b> <input type="checkbox"/> Single (\$50) <input type="checkbox"/> Family (\$100)	<b>AMOUNT PAID:</b> \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit (via website) <input type="checkbox"/> Check No. (payable to MCC): _____

### APPLICANT(S) INFORMATION

<b>1.</b>	<b>2.</b>
First _____ Last _____	First _____ Last _____
<b>Address:</b>	
Street _____	City _____ State _____ Zip Code _____
<b>Phone:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Email:</b>

### REQUIRED FOR NEW MEMBERSHIP APPLICANTS ONLY

**Type of Visa:**  
 US Citizen  Permanent Resident  Other: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Sponsors (two current members who are sponsoring new member):**

<b>1. Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ _____ Sponsor #1 Signature _____ Date _____ _____ Applicant Signature _____ Date _____	<b>2. Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ _____ Sponsor #2 Signature _____ Date _____ _____ Applicant Signature _____ Date _____
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**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 OFFICIAL USE ONLY

**Membership Committee's Recommendation:** \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by the BOD:**  Yes  No  Conditional: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_