

In the name of Allah, Most Gracious, Most Merciful

The Islamic Center of Burlington

130 Lexington St. Burlington MA 01803
Phone: 781-229-0336 Email: Info@ICBurlington.org

MEMBERSHIP FORM

I wish to apply for membership of the Islamic Center of Burlington. I am applying for

_____ Single Membership _____ Family Membership

[] New [] Renewal

I agree to abide by the rules and regulations of the ICB in conformance with Islamic Practices, and with the guidelines as stipulated in the constitution of the ICB. I am including the annual membership dues (\$ 100) of the ICB as indicated below. (Applicants may request a copy of the constitution of the ICB for their perusal.)

Amount: _____ Check # _____

Name of Primary applicant: _____

Name of Spouse: _____

Name, sex and ages of children: _____

Address: _____

Phone number(s) _____

Email _____

Signature and date

Spouse's signature