In the name of Allah, Most Gracious, Most Compassionate

Islamic Center of Burlington

130 Lexington St., BurlingtonMA01803
Mailing address: PO Box 841, Burlington, MA 01803
Ph: (781) 750-8787, Email: info@icburlington.org

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MEMBERSHIP FORM

Date: _____

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

Membership Type: ☐ Annual* ($100) ☐ Permanent ($1500 or more)

☐New ☐Renewal

I agree to abide by the rules and regulations of the ICB in conformance with the Islamic Practices, and with the guidelines as stipulated in the constitution of the ICB. I am including the annual membership dues for the ICB as indicated below.

Amount $_____ Paid by, Check # _____, Credit Card_____, CASH_____

CC #_____, Exp Date:_____, CVV_____

Name of the Primary Applicant: _____

Name of the Spouse (If applicable):_____

Address: _____

_____

Ph. No: _____, Email: _____

Signature:_____. Spouse Signature:_____

Note:_____

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ICB Constitution By-Laws:

- Annual membership must be renewed every year on or before the 1st of Muharram. A current membership with dues paid in full is required in order to maintain eligibility to vote in election or vote at a General Assembly meetings.
- Members are required to notify the ICB of any change of address as soon as possible.
- A member may be expelled or suspended who violates any provision of the constitution, or any member who by speech or deed commits an act causing any damage to ICB.