

Islamic Society of Western Maryland

2036 Day Road, Hagerstown, MD 21742

Tel: 301-797-0922 / Web: www.iswmd.org / E-mail: iswmd@yahoo.com

Membership Application

A separate membership application is required for each individual

MEMBER INFORMATION					
Name (Last, First, Middle)		Age (>18 yrs)		Profession / Business	
		Yes	No		
Street Address		City & State		Zip Code	
County		Length of stay at this address (Years & Months)			
Phone (Home)		Phone (Work)		Phone (Cell)	
E-mail				Legal Resident of USA? (Yes or No)	
Would you like to Volunteer in any committee of the ISWMD? If yes, please indicate your interest and list previous experience, if any:					
SPOUSE INFORMATION (For Directory Listing)					
Name (Last, First, Middle)			Profession / Business		
Phone (Work)		Phone (Cell)		E-mail	
CHILDREN INFORMATION (For Directory Listing)					
Name (Last, First, Middle)		Age (yrs)	E-mail		
Name (Last, First, Middle)		Age (yrs)	E-mail		
Name (Last, First, Middle)		Age (yrs)	E-mail		
Name (Last, First, Middle)		Age (yrs)	E-mail		
Name (Last, First, Middle)		Age (yrs)	E-mail		
Annual membership dues are \$50 per member (\$25 for full-time students) - from January 1 to December 31. If you have paid \$50 or more to ISWMD in any category (other than Zakat) during the previous year, your membership dues are considered paid. If you paid \$100 or more, your spouse dues are also considered paid. Do you want your dues waived for financial hardship? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Signature			Date		
ISWMD Office Use Only					
Date Application Received		Continuing Member		ACCEPTED	
		Yes	No	Yes	No
Name of Reviewer		Signature			