

Bridgeport Islamic Society, Inc.
Masjid An-Noor
1300 Fairfield Avenue, Bridgeport, CT 06605

FULL MEMBERSHIP FORM

Date: _____

Last Name: _____			First Name: _____			Middle: _____					
Male <input type="checkbox"/> Female <input type="checkbox"/>			Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>								
Spouse Name: Last _____			First _____			Middle _____					
Phone: Cell _____			Home: _____			Work _____					
Number of Children : _____ First names only (under the age of 18) Please use reverse for more:											
Name: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D/O/B _____								
Name: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D/O/B _____								
Name: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D/O/B _____								
Name: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D/O/B _____								
Name: _____			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D/O/B _____								
Residence Address: _____											
City _____			Connecticut, Zip _____			Years: _____					
Work Address: _____											
City: _____			State: _____			Zip: _____			Years: _____		
Madhab: _____			Islamic Education: _____								
Academic Education: (please list only highest achievement) _____											
Profession: _____			Years _____								
How many hours per week are you willing to volunteer for Masjid activities? _____											
Are you willing/Interested to do dawah work? YES/NO											

I hereby certify that:

1. I am a Muslim as described in this Society's Bylaws.
2. I am over the age of eighteen years.
3. I am resident and/or employed within the municipalities of Bridgeport, Fairfield, Stratford, Trumbull, Milford, Westport, Norwalk, Easton, Weston, or Wilton.
4. I am not a member or office holder of any other not-for-profit organization.
5. I will abide by the rules, regulations, and Bylaws of this Society. (Bylaws are available at <http://tinyurl.com/k7duq>)

Signatures

Recommended by:

Name: _____ Membership No: _____

Approved: _____ Membership Number Assigned _____

Not Approved: _____ Reason: _____

You can mail the completed application to the above address. You can also drop it in the donation box or in Masjid Mail box which is located outside. For any question about this form contact Br Faisal or email kamite@yahoo.com.