



## AIC MEMBERSHIP APPLICATION

Please complete, print this form and return with your payment.

### MEMBERSHIP

<b>1. Membership Type</b> (Please select one)	<b>2. Membership Category</b>
New Renewing (no break in membership)	Single (\$30/Year)
<b>Each member must pay the membership fee and sign this form for this membership application to be valid.</b>	

### APPLICANT INFORMATION

<b>3. Full Name</b>	
Family name	Given name(s)
<b>4. Gender</b> (Please select one)	
Male Female	<b>5. Marital state:</b> (Please select one)
Single Married	

### CONTACT INFORMATION

<b>6. Address</b>					
Apt./Unit	Street No.	Street Name	City	State	Zip Code
<b>7. Telephone No.</b>					
Home	Work	Cell			

**8. Email (Required) –**  
Communication is done electronically; therefore, it is essential that we have your email address.

**Signatory to this form hereby certifies that he/she abides by the AIC Constitution and that:**

(1) A Muslim is one who **(a)** declares that there is no God worthy of worship except Allah, and that Muhammad (peace be upon him) is the last and final messenger of Allah; **(b)** believes/follows in the Sunnah of Prophet Muhammad (peace be upon him) and **(c)** does not reject any of the necessary requirements in Islam; and

(2) The undersigned is a Muslim who **(a)** is at least 18 years old as of the date set forth below, **(b)** resides within 50 miles of the location of any masjid governed by, and subject to the rules established by, Anniston Islamic Center, **(c)** establishes the five daily prayers, **(d)** attends Friday prayer (applies only to males without a valid excuse), **(e)** has completed a registration form with AIC, **(f)** has paid the appropriate membership fees to AIC, **(g)** to my knowledge, adheres to all of the articles and sections of the Constitution of AIC, **(h)** does not publicize or expose my major sins or otherwise openly defy the tenets of Islam and **(i)** has been a resident in the area for more than a year.

**Member's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>For Office Use Only</b>	
Executive Committee Approval _____	Date _____
Amount of Membership Fee Paid _____	