In the Name of Allah, The Most Beneficent, The Most Merciful

Islamic Community Center of Des Plaines

480 POTTER ROAD, DES PLAINES, ILLINOIS 60016 • TEL: (847) 824-1100 FAX: (847) 824-1041

Membership Form

Name: _____, _____, _____
Last First Middle

Current Home Address: _____

_____, IL _____
City Zip code

How long have you resided at this address? _____

If less than one year at current address, list complete previous address(s).

_____

Phone: (____) _____ / (____) _____

Social Security Number: _____

Date of Birth: _____

Are you at least 18 years old: Yes [ ] No [ ]

I certify that the above information is true and accurate. Any information which is untrue or incomplete may result in the rejection of my application and/or termination of my membership. By agreeing to complete and submit this form, I am hereby agreeing to abide by the policies, and regulations of this Masjid.

Signature: _____ Dated: _____

(In order to vote in any upcoming General Body Meeting, you must: 1) complete and submit this form to the Masjid management by Sunday, January 28, 2007; and 2) reside for at least one year in the following areas: Des Plaines, Elk Grove Village, Glenview, Golf, Morton Grove, Mount Prospect, Niles, Northbrook, Park Ridge, Prospect Heights, Rosemont, and Wheeling).

12/28/06