

# Islamic Center of Morris County

1 Mannino Drive, Rockaway, NJ 07866  
973-664-1111, [www.icmcnj.com](http://www.icmcnj.com)

## Membership Form

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### Family Members (If applicable)

First Name	Last Name	Phone	Email	Under 18 (Y/N)

### Payment Information

Membership Type:  Individual \$50/Year  Family \$100/Year

#### Pay By Credit Card

Credit Card #: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

#### Pay By Check

Bank Name: \_\_\_\_\_

ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

## Terms & Conditions

**Membership Eligibility:** Membership at the center shall be a privilege. All adult Muslims that meet the criteria of the Constitution are eligible to become members provided they believe in Allah as the only God and accept the prophet Mohamed (PBUH) as his final prophet and messenger; regard the Glorious Qur'an and the Sunnah of the prophet Mohamed (PBUH) as the only sources of Islam and agree fully with the philosophy of the Center as described in its Constitution and By-Laws.

**Applying for membership:** An eligible person may become a member of the Center by filling out a Membership Application Form and paying the center the appropriate membership dues.

- I agree to abide by the philosophy, goals, and objectives of the ICMC its Constitution and By-Laws.
- Any dispute, claim or controversy arising out of or relating to my membership in ICMC or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration by the Arbitration Council of The ICMC as determined by its Constitution and By-Laws. In consideration of the rights, duties, privileges and benefits afforded to me as a member of the ICMC I agree to be bound by arbitration with regard to any and all ICMC policies, procedures, decisions and disputes as pertains to myself and family. I acknowledge that waiving my right to judicial relief as relates to ICMC is a specific condition of my membership privileges.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Application:  Accepted  Rejected

Comments: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_