

Membership Application

The Islamic Center of Jersey City

Please print clearly. All sections must be completed for valid application

Name: _____ **Status:** Married () Widowed () Divorced () Single ()

Address: _____ **Spouse Name:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: () - : [Home] [Mobile] [Work]

Phone: () - : [Home] [Mobile] [Work]

Email: _____

Membership Fee

1. Family Membership: Monthly \$20 ()
2. Family Membership: Annually \$140 ()
(Children over 18 years of age are NOT included)

Method of Payment

Check () Credit Card () Cash () **Total:** _____

Type of Credit Card: American Express () Visa () Master Card () Discover ()

Account # _____ **Exp:** ____ / ____ **CVV:** _____