

# 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:** \_\_\_\_\_