



Darul Islam

Membership Application Form

(Applicants Must be 18 years or older)

(Please complete the application form clearly printing in black or blue ink.)

1. General Information

Applicant's Legal Name:			
First	Middle	Last	
Home Address:			
Number & Street	City	State & Zip	
() - Home Phone Number	() - Work Phone Number	E-Mail Address	
Date of Birth		Profession	
U.S Residential Status: <input type="checkbox"/> U.S Citizen <input type="checkbox"/> U.S Permanent Resident <input type="checkbox"/> Other _____			
Past/Present affiliations with other Islamic Organizations:	Name of Organization		Role/Title
Has your membership been terminated for any cause by any other Islamic Organization?			Yes/No (Circle one)
If Yes, please provide details of the termination on a separate page:			

2. Family Information (Optional)

First Name	Middle	Last	Relationship to Applicant	Profession (Optional)	Age (Optional)

3. Reference: Current Darul Islam member(s)

Reference 1:	() -	
	Full Name	Contact Phone Number
	Number & Street	City State & Zip
Reference 2:	() -	
	Full Name	Contact Phone Number
	Number & Street	City State & Zip

4. Islamic Oath

In the name of Allah Subhanahu WaTaala (SWT), the Beneficent, the Merciful.
With Allah (SWT) as my witness, I affirm that:

1. ***"There is no one who is to be worshipped except Allah (SWT). and Muhammad (peace be upon him) son of Abdullah Al-Hashmi of Makkah, Arabia, is His last and final Messenger and Prophet."***
2. I shall abide by the Quran and Sunnah of the Prophet Muhammad (*peace be upon him.*).
3. I do hereby pledge that I shall fully abide by the provisions of Darul Islah's constitution and by laws as they exist, and as amended.
4. I agree to pay \$ 50.00 Initiation Fee and an Annual Membership Fee as determined by Darul Islah's Executive Committee.

Applicant's Signature _____

Date _____

5. I would like to serve Darul Islah in the following areas:

(Select one or more services according to your interest – JazakAllah!)

<input type="checkbox"/> Maintenance	<input type="checkbox"/> Religious / Dawah Work	<input type="checkbox"/> Islamic School
<input type="checkbox"/> Youth	<input type="checkbox"/> Mentor	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Social Welfare	<input type="checkbox"/> Publication	<input type="checkbox"/> Technology
<input type="checkbox"/> Volunteer on special occasions (e.g. Eid)	<input type="checkbox"/> Sports & Coaching	<input type="checkbox"/> Other

6. Payment

Initiation Fee	Membership Fee	Total (in Dollars) (Initiation Fee + Membership Fee Received)
<input type="checkbox"/> \$50.00	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (Annual membership payment fee of \$120 is preferred)	
Method Of Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check Check No. _____	

Please do not write below this line

7. For Office Use Only

Name	Signature	Date
Chairman, Membership Committee:		
President, Executive Committee:		
Chairman, BOT:		
Mailing List updated by:		
Financial System updated by:		
Membership Number: _____		