



434 S. Vermont Ave. Los Angeles, CA. 90020

Phone: (213) 382-9200 Fax: (213) 384-4572

Islamiccenter.com

Membership Application

Individual Family

Ms. Mr. Mrs. Dr. _____
First Name Middle Name Last Name

Home Address City State Zip

Email Address Home Phone Cell Phone Work Phone

Employer Name Occupation

Employer Address City State Zip

Date of Birth Place of Birth (City) State Country

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other: _____

This part is for family applicants only (Spouse) _____

Ms. Mr. Mrs. Dr. _____
First Name Middle Name Last Name

Home Address City State Zip

Email Address Home Phone Cell Phone Work Phone

Employer Name Occupation

Employer Address City State Zip

Date of Birth Place of Birth (City) State Country

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other: _____

"The ICSC values your privacy. We will not sell, share, rent or release this information to any marketers, advertisers or for any other commercial purposes"

Form Dated December 2017

Personal Information (Optional) *This information is for ICSC statistics only

Marital Status: Single Married Divorced Widowed

Cultural Background (please specify):

Applicant: _____

Spouse (if family application) _____

Do they attend?

Name of Children	Date of Birth	E-Mail Address	Youth Group	Sunday School	New Horizon School
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills / Volunteer Information:

Applicant	Spouse	Applicant	Spouse	Applicant	Spouse			
<input type="checkbox"/>	<input type="checkbox"/>	Accounting / Finance	<input type="checkbox"/>	<input type="checkbox"/>	Elderly Services	<input type="checkbox"/>	<input type="checkbox"/>	Interfaith
<input type="checkbox"/>	<input type="checkbox"/>	Civic Engagement	<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination	<input type="checkbox"/>	<input type="checkbox"/>	Legal Service
<input type="checkbox"/>	<input type="checkbox"/>	Computers	<input type="checkbox"/>	<input type="checkbox"/>	Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	<input type="checkbox"/>	Database Management	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Religious Service	<input type="checkbox"/>	<input type="checkbox"/>	Social Service	<input type="checkbox"/>	<input type="checkbox"/>	Youth Service

Languages you know or speak: English Spanish Arabic Farsi Urdu Other

Applicant:

Spouse (if family application):

Please list the name of other Organizations in which you are a member:

Name of Organization	Type of Organization					Who is a Member?	
	Religious	Professional	Educational	Social	Other	Applicant	Spouse
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Recommendation (two ICSC Voting Members)

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Signature: _____ Signature: _____
Telephone: _____ Telephone: _____
E-Mail: _____ E-Mail: _____

I hereby apply for membership to the Islamic Center of Southern California. I agree to abide by the Center's by-laws and understand that submitting this application does not imply automatic acceptance. I also agree that any controversy or claim arising out of or relating to this membership shall be settled by the Los Angeles office of the American Arbitration Association in accordance with its rules. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Applicant Signature: _____ Date: _____
Spouse (if family application) _____ Date: _____

Dues are \$120.00 per year/Individual member. If you are between the ages of 19 – 25 dues will be \$60.00. Family Memberships dues will be \$200.00 per year/Husband and Wife upon approval of the application.

To Be Completed BY ICSC	
Date Application Received: _____ Received By: _____	
Membership Committee Action	
Reviewed by Committee: _____	Date: _____
Signature of Chairperson: _____	Recommended: <input type="checkbox"/> Not Recommended: <input type="checkbox"/>
Remarks: _____	
ICSC Board Action	
Meeting Date: _____	Approved: _____ Not Approved: _____
ICSC Board Secretary: _____	Signature: _____
Effective Membership Date: _____	Membership I.D. #: _____
Remarks: _____	

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