

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



9447 Corunna Rd.  
Swartz Creek, MI 48473  
(810) 635-3890

Membership Application

- New Member  
 Existing Member

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Spouse's First Name: \_\_\_\_\_ Spouse's Last: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Name:	Birth Date:	Child's Name:	Birth Date:
_____	_____	_____	_____
_____	_____	_____	_____

*Dues and Method of Contribution*

Annual Income of Family	Student	\$30,000 and less	\$ 30,001-40,000	\$40,001-60,000	60,001-75,000	over 75,000
Annual Dues =>	<b>\$25</b>	<b>\$150</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1000</b>	<b>\$1200</b>

- I have enclosed a check for the full annual dues.  
 I would like to contribute by monthly *Electronic Fund Transfer* (see below).

**Authorization Agreement for Monthly Direct Electronic Fund Transfer**

Your Bank Name: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

(Please attach a deposit slip or voided check)

I authorize Flint Islamic Center to draw a monthly check from my account in the amount of (please circle one):

**\$1000 \$500 \$250 \$100 \$50 or other\$** \_\_\_\_\_ Per Month. On the 1<sup>st</sup> 7<sup>th</sup> 15<sup>th</sup> 21<sup>st</sup> Day of the month (please circle one)

And if any such check is dishonored with or without cause, intentionally or inadvertently our bank shall be under no liability.

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

