

Flint Islamic Center



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

Membership Application

Existing Member
 New 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

Family Annual Income	Student & Dept (Age 18 – 24)	\$50,000 or less	\$ 50,001-79,999	\$80,001-100,000	\$100,001-250,000	\$250,000 +
Annual Membership Dues	\$50	\$120	\$600	\$1000	\$1800	\$3400
ACH Monthly Plan		\$10 / Mo.	\$50 / Mo.	\$85 / Mo.	\$150 / Mo.	\$285 / Mo.

- 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 draft** from my account in the amount of (please circle one):
\$1000 \$500 \$250 \$100 \$50 or other\$_____ Per Month. On the **1st, 7th, 15th, 21st** 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: _____