

Islamic Center of Hawthorne Inc.

12209 Hawthorne Way, Hawthorne, CA 90250
Tel. (310) 973-8000 Fax (310) 978-4036, E-mail: ichawthorne@hotmail.com

New member

Membership Application

Change of information

PART ONE: REQUIRED INFORMATION PLEASE PRINT CLEARLY

Name: _____		
(Last)	(First)	(Middle)
Date of Birth (mm-dd-yyyy): ____/____/____		
Spouse Name: _____		
(if unmarried type: single)	(Last)	(First) (Middle)
Home Address: _____		
City: _____, CA Zip Code: _____		
Telephone Number: () _____ - _____ Fax: () _____ - _____		
E-mail Address: _____		
Do you wish to be added to ICH e-mail group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long have you been attending ICH: _____		
Monthly Membership Fees: <input type="checkbox"/> Family, \$15.00 <input type="checkbox"/> Single, \$10.00		

CHILDREN INFORMATION (UNDER 18)

Child's Name	DOB	M/F	Child's Name	DOB	M/F
	- -			- -	
	- -			- -	
	- -			- -	

Please Provide us with names of current members that can recommend you

Name: _____ Name: _____

PART TWO: OPTIONAL INFORMATION

This will help assist ICH board of directors to better represent community members, and will be kept secret.

Profession: _____, Spouse's Profession: _____	
Employer: _____, Position: _____	
Highest level of education:	<input type="checkbox"/> High school <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Ph.D <input type="checkbox"/> Other
Spouse:	<input type="checkbox"/> High school <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Ph.D <input type="checkbox"/> Other
Are you:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other

I declare that the information provided above is true and complete to the best of my knowledge. I hereby pledge to support and abide by the by-laws and regulations of the Islamic Center of Hawthorne, represented by the board of directors. I and all my family members listed in this application do hereby agree to hold harmless the ICH and the officers, directors, managers, employees, and other agents against any claim, liability, loss, damages, or expenses whatsoever which I/we sustain at any time by any reason of any actions taken or not taken in good faith by ICH or any of its officers, directors, managers, employees, and other agents. I/we solemnly declare that I/we are Muslim and I believe that Prophet Mohammad PBUH is the last prophet and messenger of Allah. I/we pledge that I/we will observe the Islamic teachings and morals. I also understand that ICH board reserves the right to refuse or reject this application without specifying a reason.

I understand that upon approval of my membership, I have to pay my membership fees on monthly basis by signing the automatic withdrawal form, unless I make other arrangements.

(Note: Membership fee waiver/reduction is available with specific qualifications, please contact membership committee)

Your Signature: _____ Date: ____/____/____

For Office Use Only	
Membership committee met on: ____/____/____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Name and Signature:	1- _____
	2- _____
	3- _____
Type of membership:	<input type="checkbox"/> Associate <input type="checkbox"/> Active
Membership Number:	_____