



# New Brunswick Islamic Center, Inc.

P.O. Box 481, New Brunswick, NJ 08903

Phone: (732) 214-1547 \* e-mail: [info@nbic.org](mailto:info@nbic.org) \* web: <http://www.nbic.org>

## MEMBERSHIP FORM

### **Member Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education Level: \_\_\_\_\_ Major: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Spouse Information:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Education Level: \_\_\_\_\_ Major: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Dependent Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Type of Membership (one year):**

**FULL MEMBERSHIP:** In order to create a more dynamic community where all the members contribute their time and skills and work cooperatively together, **we ask that all full members complete Four Hours community service monthly**, in addition to the membership fees below. Full members and there Spouses will have the additional benefit of being able to participate in annual community meetings. We encourage you to join as full members, and participating fully for the benefit of our community.

\_\_\_\_\_ Individual \$25

\_\_\_\_\_ Family \$50



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**ASSOCIATE MEMBERSHIP:** For those who would like to support NBIC in its programs and stay informed of upcoming events, this membership has a yearly fee as follows (please note, only full members will have voting privileges):

_____ Individual	\$50
_____ Family	\$75
_____ Organization/Business	\$100

Do you have any skills or services you would like to offer/promote through NBIC (for example, business, medical services, or any other specialties)? Please list: \_\_\_\_\_

Anything else you would like to tell us about yourself or what other services you would like to see as part of your membership to NBIC: \_\_\_\_\_

I authorize NBIC to share my information with other Islamic, educational, and/or charitable organizations.

Yes      No      (circle one)

I understand that NBIC board has the right to reject my membership application or to suspend my membership in accordance with the rules and regulations stated in its bylaws.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Membership to NBIC has its benefits; not only will you be helping support ongoing services NBIC provides the community, but furthermore membership enables you to:

1. Receive the latest information on all upcoming events and programs.
2. Receive discounts on classes and special programs.
3. Access to classes online.
4. Voting privileges for full members.
5. Promote your business/services through online advertising.
6. Develop an ongoing relationship with NBIC, where we may communicate together and better address the needs of our community.

Your support and feedback is vital.

We sincerely hope that you consider membership to NBIC.

Jazakallahu Khairan.

**For Office Use Only**

**Secretary Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved**

**Disapproved**

**Disapproval Reason:** \_\_\_\_\_