

**Islamic Society of Frederick (ISF)**

1250 Key Parkway
 Frederick, MD 21702
 (301) 682-6090 - info@isfmd.com

Membership Application

New Renew Change of Address / Information

Membership Information

Membership entitles you to vote in the annual elections of Board of Directors, referendums and changes to ISF Bylaws. Membership is for one calendar year starting from January 1 - December 31. Membership also gives you concessions on ISF Sunday School fee, Equipment, facility use, rentals and much more. You have to be 16 years and older to be a member.

Personal & Family Information

| | | | |
|------------------------------------|---------|----------------|------|
| Name: | | Email: | |
| Phone: | Mobile: | Work: | |
| Spouse's Name: | | Spouse's Email | |
| Phone: | Mobile: | Work: | |
| Address: | | City / State: | |
| Number of people in the Household: | | | Zip: |

Membership Type:

\$100 - Family \$50 - Individual \$25 - Student *

Additional Donation:

\$200 \$150 \$100 \$75 \$50 \$25 \$20 Other: _____

* Student member must provide proof of full-time enrollment in an educational institution.

Method of Payment:

Cash Check

Upon receipt of your membership application, ISF will send you a receipt for your record.

Authorization Agreement

I hereby authorize the ISLAMIC SOCIETY OF FREDERICK to initiate a monthly automatic DEBIT in the amount checked above, from my account at the financial institution named below. Further, I agree not to hold the ISLAMIC SOCIETY OF FREDERICK responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution. This agreement will remain in effect until the ISLAMIC SOCIETY OF FREDERICK receives a written notice of cancellation from me or my financial institution, or until I submit a new direct DEBIT form.

Signature

| | |
|-----------------|------------|
| Primary Member: | Signature: |
| Date: | |
| Joint Member: | Signature: |
| Date: | |

ISF Use Only

| | | |
|----------------|---------------------|------------------|
| Member Number: | Authorization Date: | Membership Year: |
|----------------|---------------------|------------------|