ISLAMIC SOCIETY OF NIAGARA FRONTIER

P.O. Box 0005, Getzville, NY-14068 Phone: (716) 568-1013 www.ISNFWNY.org

MEMBERSHIP FORM

(Members from previous years must renew their membership either by filing this form or contributing an amount equal or more than their membership dues to the general ISNF fund)

Name: *First* *Middle Initial(s)* ***Last Name***

Male ☐ ***Female*** ☐ **Telephone:**

Date of Birth _____
mm/dd/yyyy

US Citizen: ☐ **OR Green Card Holder:** ☐

Spouse Name: *First* *Middle Initials* ***Last Name***

Date of Birth _____
mm/dd/yyyy

US Citizen: ☐ **OR Green Card Holder:** ☐

Home Address: _____ (*Street Address*) _____ (*City*) **NY** _____ (*Zip*)

If you want to be in ISNF emailing list please provide your email ID.

Email:

Membership Dues: ***Annual contribution toward Masjid Operation & Maintenance $50 per person.***

Donation for Masjid: $_____ **Paid by check/cash; Check number:** _____ **Note:**

PAYMENTS: Please make your checks payable to 'ISNF'.

I/We, _____*, hereby declare that there is no deity but Allah (S.W.T.), and Muhammad (S.A.W.S.) is Allah's last and final messenger. I/We also pledge to support ISNF's activities and abide by its rules, regulations and Bylaws to the best of my/our abilities.*

Signature: _____ **Spouse's Signature:** _____ **Date:** _____

Official use only

$.....check/cash received for one/two member(s) for the year Membership ID .....-.....

☐☐☐☐ .....-.....

The member information was updated.

Name, date and signature of the approving ISNF official:

Name: Date: Sign:

Masjid An-Noor: 745 Heim Road, Getzville, NY 14068 **Masjid At-Taqwa: 40 Parker Avenue, NY 14214**