

MID-HUDSON ISLAMIC ASSOCIATION

Masjid Al-Noor, 125 All Angels Hill Road
Wappinger Falls, NY 12590 (845 297 0882)
www.masjidalnoor.com

Membership Application

Year: _____ **Purpose:** New Membership Renewal **Type of Membership:** Family Individual

Name: **Mr. / Mrs. / Ms.** _____
First M.I. Last

Address: _____
Number Street Apartment Number

City State Zip Area Code Phone Number

email: _____

For Family membership:

Spouse Name: Mr. / Mrs. / Ms. _____
First M.I. Last

The people listed below
reside with me, and are
my children, 18 years or older, who depend on me
my parents who depend on me

Name	Relationship	Age

I am interested in the following:

Adult Classes Sunday Islamic School Islamic Pre-School Weekday Classes

Annual Membership Dues are to be paid on or before March 31st of each year (please check one):

Annual Family Membership \$300 by Check/Cash Annual Individual Membership \$150 by Check/Cash

Annual Family Membership \$300 by Credit Card Annual Individual Membership \$150 by Credit Card

Name on Credit Card _____

Address on Credit Card _____

Credit Card Type/Expiration Date _____

Credit Card Number (or we can call you) _____

OR I will make monthly payments of \$25 Family, \$12.50 Individual. [Payments must be received by 10th of month]

Please make checks payable to MHIA

I/We agree to abide by the Constitution, bye-laws and the Code of Conduct of MHIA.

Signature of member

Date

Signature of spouse

Date