

Membership #: \_\_\_\_\_

### The Islamic Society of Orange County

#### Membership Application

Dues: Single: \$60 per year [ ] \*Family \$120 per year [ ] New [ ] Recent [ ] Change of Information [ ] 1`

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

Spouse Name: \_\_\_\_\_  
First Middle Last

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_

Check this box [ ] if the above information is to be excluded from Society's directory

Status in United States:

Citizen: [ ] Spouse: [ ] Permanent Resident: [ ] [ ]  
Member Spouse Member Spouse

Children information under 18:

Name: \_\_\_\_\_ DOB: (Optional): \_\_\_\_\_

Name: \_\_\_\_\_ DOB: (Optional): \_\_\_\_\_

Referred to the society by two of its active members:

1. \_\_\_\_\_ Tel: # \_\_\_\_\_

2. \_\_\_\_\_ Tel: # \_\_\_\_\_

I hereby apply to become an active member of the Islamic Society of Orange county, and I have received and read the bylaws of the Society and hereby pledge to support its programs and services and abide by its rules and, regulations and bylaws.

I understand the bylaws. Rules, and regulations may be amended revised as provided in article XV of the bylaws. I I and all my family members listed in this application hereby agree to indemnify and hold harmless the ISOC, the officers, directors, managers, employees, and other agents against any actions taken or not taken in good faith by the nature. Whatever which I/We sustain at any time by any reason of any actions taken or not taken in good faith by the Society or any of its officers, director ,managers, employees, and other agents.

I /We solemnly declare that I/We are Muslims and I/We believe that Prophet Muhammad (pbuh) is the last prophet and Messenger of Allah. Furthermore, I/W pledge that I/W will observe the Islamic dress in the Society. I/We also understand that the ISOC does reserves the right to refuse or reject this application.

I/We also agree membership to the Society requires signing of the arbitration agreement (page 2) without which my membership will not be valid.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

