

Membership Form

Islamic Community Center of Tempe

131 East 6th Street, Tempe AZ 85281 Phone: (480) 894-6070 Fax: (480) 894-6243

New Member: _____ Renewal: _____

Br. _____ Sr. _____

First Name: _____ Last Name: _____ MI: _____

Address: _____ Apt #: _____

City: _____ State: AZ Zip Code: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-Mail address: _____

Single: _____ Married: _____

If Married:

Spouse Name (First, Last, MI): _____

Number of Children (below 18 years): _____ Ages of Children: _____

Children Name above 18 years who want to be members (First, Last, MI):

Do you wish to have this information released to other Islamic Organizations? Yes [] No []

Please Choose Payment Option:

[] One time annual membership payment (\$360 per person or \$600 per family)

[] Monthly Automatic Bank Withdrawal (\$30 per person or \$50 per family with 1 year commitment) ***Please turn the page and fill out bank information***

Applicant's Signature: _____ Date: _____

Official Use Only:

Received by: _____ Date Received: _____ Expiration Date: _____

Amount Collected: _____ Cash [] Check No _____ or Monthly Bank Withdrawal []

Approved by: _____ Membership No: _____ Comments: _____

Membership Form
Monthly Automatic Bank Withdrawal
Islamic Community Center of Tempe

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Monthly Donation Amount:

Please check the box next to the amount you would like to donate monthly:

Minimum of \$30 per person or \$50 per family with 1 year commitment

\$30.00 [] \$50.00 [] \$75.00 [] \$100.00 [] \$150.00 [] Other \$ _____

Donation by Automatic Bank Withdrawal:

I, the undersigned, authorize the ICC & its bank and/or other agency authorized by the ICC to withdraw the amount I have checked above from my bank account every month beginning with Month of _____ in Year _____.

Bank & Account Information:

Bank Name _____

Bank Address (not required) _____
Street Address City State Zip Code

Bank Routing Number _____ Account Number _____

IMPORTANT: PLEASE ENCLOSE A VOID (CROSSED OUT) CHECK FOR BANK VERIFICATION

Applicant's Signature: _____ Date: _____

Official Use Only:

Donor ID Number: _____ Date Started: _____ Date Stopped: _____