



CIMIC Membership Application

I, the undersigned, request regular membership in the Association of the Central Illinois Mosque & Islamic Center (CIMIC). I certify that I am over 18 years of age and I am a Muslim and I reside within the counties served by CIMIC. I agree to abide by the CIMIC Constitution and all CIMIC regulations and policies. I understand that if I am granted regular membership, I shall only become a voting member six months after the date that my membership takes effect. I understand that I must maintain eligibility and current membership in order to retain my status as a voting member.

Please check one: New Membership Renewal of Membership

Last Name: _____ First Name _____ Occupation/field of Study _____

Address _____ City _____ State _____ Zip Code _____

Email: _____ Phone Number: _____

Would you like your name published in the CIMIC directory? ___ Yes ___ No

Would you like you like to subscribe to the CIMIC-L e-mail list? ___ Yes ___ No

Children's names and ages (under 18 years of age): _____

Signature: _____ Application Date: _____

Your Help Is Needed! Check Areas of Interest

___ Outside Maintenance ___ Masjid Cleaning ___ Masjid Maintenance ___ Family Committee ___ Library

___ Islamic School ___ Special Projects ___ Social ___ Fundraising ___ Da'wah ___ Publications

___ Other, Please specify: _____

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

Membership Expires on 31st of December

2017 2018 2019 2020 2021

Dues Paid Cash/Check \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Date Received: _____ Received By (Name and Initial): _____