

Masjid Membership Application

Personal Information

Legal Name: _____
Last
First
Middle

Gender: Male Female

Street Address: _____ APT#: _____

City: _____ State: _____ Zip Code: _____

New Address (if changing/moving):

Phone #s: Home: _____ Cell: _____ Work: _____

Occupation: _____

Email Address: _____

Membership payment method and monthly amount (*minimum \$15 per month*).

How much would you like to donate? _____

Check Cash *Must be a minimum of \$180 for one year.*

Credit Card No _____ Expiration: _____ Code: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

I, hereby authorize Mustafa Center and their bankers to automatically withdraw a monthly membership in the amount of \$_____ (minimum \$15) from my bank account given above.

Signature _____ **Date** _____