



IN THE NAME OF ALLAH, THE BENEFICENT, THE MERCIFUL
ISLAMIC ASSOCIATION OF LONG ISLAND

10 Park Hill Drive, PO Box No. 0593, Selden, New York 11784

Phone: 631-732-1235
Fax No: 631-732-6657

INTERNET WEB ADDRESS:
www.seldenmasjid.org

MEMBERSHIP REGISTRATION FORM

The President
Islamic Association of Long Island
Selden, NY 11784

Assalamu Alaykum:

I hereby apply for the membership in the Islamic Association of Long Island. I solemnly declare that I am a resident of USA and pledge to respect and follow the By-Laws and to work actively to achieve the objectives of IALI in cooperation with its Elective Committee.

Are you a legal resident of USA? Yes _____ No _____.

I have enclosed a check/money order for :
\$150 Single membership for year _____

Application Status: New () Renew ()
\$300 Family membership for year
(Including children under 18 years)

Signature: _____

Date: _____.

Name: _____

Occupation: _____

Spouse: _____

Occupation: _____.

Address: _____

Phone Home/Work: _____.

_____ Email: _____.

<u>CHILDREN NAME:</u>	<u>Date of Birth / Age</u>	<u>Weekend Religious Classes</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please Do Not Write Below

Approved By: _____

Paid by Check / Money Order No. _____

Disapproved By/Reason: _____.