



ISLAMIC SOCIETY OF NIAGARA FRONTIER

P.O. Box 0005, Getzville, NY-14068 Phone: (716) 568-1013 www.ISNF.org

MEMBERSHIP FORM

(Members from previous years must renew their membership either by filing this form or contributing an amount equal of more than their membership dues to the general ISNF fund)

NAME: _____ **GENDER:** (Male or Female) _____
(Last) (First) (Middle)

AGE: above 40 ____ below 40 ____ If below 40, Date of Birth _____

US CITIZEN: _____ **OR** **GREEN CARD HOLDER:** _____

SPOUSE NAME: _____
(Last) (First) (Middle)

SPOUSE AGE: above 40 ____ below 40 ____ If below 40, Date of Birth _____

HOME ADDRESS: _____
(Street)

(City) (State) (Zip)

TELEPHONE: _____ **EMAIL:** _____

MEMBERSHIP DUES: _____ (\$25 per Adult)

DONATION TO MASJID: _____

TOTAL = _____

PAYMENTS: Please make your checks payable to 'Islamic Society of Niagara Frontier' and mail you payment to the address above.

I / We, _____, hereby declare that there is no deity but Allah (S.W.T.), and Muhammad (S.A.W.S.) is Allah's last and final messenger. I / We also pledge to support ISNF's activities and abide by its rules, regulations and Bylaws to the best of my / our abilities.

Signature: _____ **Spouse's Signature** _____

Date: _____

Privacy disclaimer: Your personal information will be kept confidential and would not be shared with any third party.