



ISLAMIC CENTER OF OLD BRIDGE

205 Route 35 North, Cliffwood Beach, NJ 07735

Telephone: 732-583-2030

MEMBERSHIP APPLICATION

For the Year: _____

New Member Renewal

Member's Name: (Mr/Mrs/Miss) _____

Last, First, MI

Home Address: _____

Phones: Home: _____ Work: _____ Mobile: _____

Email: _____ Spouse Phone No.: _____

Member's Profession: _____ **Spouse's Profession:** _____

Past/Present Affiliations in Islamic Organizations:

Name of Organization: _____

Position Held: _____

List Family Members (NOTE: For Family Membership only 2 votes authorized - one each for husband & wife.)

(Dependents over 18 years must file separate application to vote)

#	Dependent's Name	Male/Female	Relationship to Primary Member	Age
1				
2				
3				
4				
5				

Membership Type: Family (Suggested \$200 or Minimum of \$100) Single: (Suggested \$100 or minimum of \$50)

Student (No Charge) Proof Required _____

Note: Membership fee subject to change each year.

Amount Paid: \$ _____ Cash or Check No. _____

I Certify that:

1. I bear witness that there is no God but ALLAH (s.w.t.) and MUHAMMAD (p.b.u.h.), the son of Abdullah of Makkah who was born in 571 C.E., is the messenger of ALLAH;
2. I am 18 years of age or older;
3. I concur with the objectives and mission of ICOB and I will abide by the By-Laws as they exist and are amended;
4. I agree to resolve my disputes with ICOB and its office bearers according to the Islamic Sharia and not to take those disputes to a court of law or to non-Muslims for judgment/resolution;
5. I will accept any arbitration or judgment of the ICOB Board of Trustees on disputed matters as last and final judgment above and beyond any other judgment. In the event I take my dispute(s) against the ICOB office bearers, employees, and/or volunteers regarding matters involving ICOB for resolution to a court of law or to non-Muslims, I authorize ICOB and its office bearers to immediately terminate my membership and that of my family, and all privileges associated with this membership. I will also personally guarantee to pay all legal cost and damages to ICOB, its office bearers, employees and/or volunteers in case of resolution whether in favor of ICOB or against my wishes;
6. I have no criminal record;
7. I understand that my membership can be terminated if my actions are harmful to the reputation of ICOB as determined by the Board of Trustees; and
8. I understand that becoming a member obligates me to participate in ICOB operational activities and attend meetings, which require quorum.

Signature (Primary Member): _____

Date: _____

Membership is subject to approval by the ICOB Board of Trustees

Membership Approved: Yes

No