



ISLAMIC CENTER OF OLD BRIDGE

205 Route 35 North, Cliffwood Beach, NJ 07735

Telephone: 732-583-2030

MEMBERSHIP FEE WAIVER 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.: _____

Membership Desired: Family

Single

Student

Explain reason for financial hardship that prevents you from paying membership fees:

Signature _____

Date: _____

This waiver request must be referred by 2 ICOB Members in good standing

Member 1: Name: _____

Member 2: Name: _____

Signature _____

Signature _____

Membership is subject to approval by the ICOB Board of Trustees

Membership Approved: Yes

No