

*In the name of Allah, the Beneficent, the Merciful*

# ***ISLAMIC CENTER OF ROCHESTER, INC.***

727 Westfall Road, P. O. Box 23266, Rochester, New York 14692  
Telephone: (585)-442-0117

## **MAILING LIST UPDATE/MEMBERSHIP/PLEDGE FORM**

Name: First(CAPITALS Please)	Middle	Last/Family Surname
.....	.....	.....

Country of Birth	Profession
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SPOUSE'S FIRST NAME(in Capitals)	.....
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ADDRESS:  
Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(Work): (     )	Phone(Home): (     )
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PLEASE LIST ALL CHILDREN	Name	Gender	Date of Birth
1	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
6	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Signature	Date
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I would like to be a member of the Islamic Center    Y    N    Please continue only if checked YES

- Why become a member?*
- Shows your commitment to the organization. Without the organization, our facilities and activities that serve our needs, would not exist.
  - Participate in the decision making process. You can select the leadership and become part of it. Only paid members can run and vote in the General Assembly.
  - Member fees help pay for some of the expenses.

I CAN VOLUNTEER MY TIME FOR:

<input type="checkbox"/> Children's Education	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Arabic Language	<input type="checkbox"/> Adult Counseling	<input type="checkbox"/> Publications	
<input type="checkbox"/> Library Management	<input type="checkbox"/> Social Functions	<input type="checkbox"/> Youth Counseling	<input type="checkbox"/> Youth Activity	<input type="checkbox"/> Food Preparation	
<input type="checkbox"/> Mailing	<input type="checkbox"/> Printing	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Office and Clerical	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Lawn & Yard Work

FOR:  Others (Please describe) \_\_\_\_\_

Member Fees:	REGULAR	\$50.00/Person	Each Adult member(18 or older) within a family must pay individual membership fees to become a member
	STUDENT	\$25.00/Person	

Enclosed \$ \_\_\_\_\_ as membership fees and \$ \_\_\_\_\_ as a donation. In addition, I would like to pledge \$ \_\_\_\_\_ per month/year as my contribution towards the Islamic Center programs and facilities.