



P. O. Box 941554, Houston, Texas 77094-8554  
[www.muslimcongress.org](http://www.muslimcongress.org)

## MEMBERSHIP FORM

(All information provided will be held in strict confidence and will not be shared with any individual, agency, or organization)

Membership Type:  Individual  Family

### PERSONAL INFORMATION

First/Given Name:		M.I.:	Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /			
Street address:				
City:		State:	Zip Code:	Country:
Email Address:		Would you like to join our Email List? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Number:		Best time to contact you:		

### FAMILY INFORMATION (IF APPLICABLE)

Spouse Name (First):		Spouse Name (Last):		
Children:				
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:		
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:		
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:		
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:		

### MEMBERSHIP TYPE

Membership Type (please check one):

**Member:** Have all the rights as defined in the Constitution and By-Laws of Muslim Congress

**Volunteer:** Do not want to register as member but like to serve and support the organization

**Associate:** Do not want to register as member or volunteer but like to be kept informed and participate in the programs and projects of Muslim Congress

Note: Volunteer & associate do not have a right to vote in the election process of Muslim Congress

### PAYMENT

Individual: \$25  Family: \$50

Method of payment: Please note, all contributions are tax deductible

Cash: Please collect a receipt at the time of payment

Check: Please make checks payable to "Muslim Congress"

Credit Card - Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

***I hereby affirm that the above mentioned information is correct to the best of my knowledge and I will abide by the constitution, by-laws, and the policies of the Muslim Congress.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE (DO NOT WRITE BELOW THIS LINE)

Received by:		Date:	
Reference Name 1: _____	Phone: _____	Reference Name 2: _____	Phone: _____
Reference Name 3: _____	Phone: _____	Reference Name 4: _____	Phone: _____