

ISLAMIC CENTER OF MARYLAND

19411 Woodfield Road. Gaithersburg, MD 20879

Tel: 301 840 9440 Fax: 240 715 1018

Website: www.icomd.org

Membership Form

1. Print all information legibly.
2. Enter full 9 digit Zip Code.
3. Make checks payable to ICM.
4. Membership dates are from January 1 to December 31.

Membership Type: Check one Family \$100 Individual \$50 Student \$25

Primary Member

Full Name _____ **Gender (M/F)** _____

Address _____
Street City State

Home Phone **ZIP**

Work Phone **E-mail** _____

Profession _____ **Company Name** _____

Spouse

Full Name _____ **Sex (M/F)** _____

Profession _____ **Company Name** _____

Work Phone **E-mail** _____

Children & Other Members of Household

No	Name	Relationship	Date of Birth				
1							
2							
3							
4							
5							
6							
7							

Signature _____ **Date** _____