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# Join ICM Benefits Network

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AsSalamu Alikum respected Brothers and Sisters,

Islamic Center of Maryland (ICM) is trying to expand benefits to both our members and area Muslim businesses by linking them together through ICM Benefits Network (IBN). If you or someone you know has business in products or services, we kindly request you to join ICM Benefits Network (IBN). In exchange for discount or value added services to our members, we will promote your business free of charge. There are a large number of Muslims families and individuals linked to ICM in many ways.

Insha'Allah by working together it will be a win-win situation where ICM members will get tangible benefits in products and services while the area business will have dependable customer base in these difficult economic times. As more people and businesses join the network, the more benefits and revenues will be for both consumers and service providers in our community. For enlisting your business, please fill up a Join ICM Benefits Network (IBN) application at our office. You may also download it from ICM website at the following link:

<http://icomd.org/forms/JoinIBNForm.pdf>

For questions/comments/suggestions on how your business can enlist with ICM, please contact Br. Iqbal Yousuf by phone at (301) 742-1147 or via e-mail at [iy2005@hotmail.com](mailto:iy2005@hotmail.com). Jazakum Allahu khairan. May Allah continue to Bless you and your family.

Please complete the form below and submit to ICM in person, by mail, e-mail or fax.

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Cut along line  
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## Islamic Center of Maryland (ICM)

### Join ICM Benefits Network (IBN)

19411 Woodfield Road, Gaithersburg, MD 20879

(301) 840-9440, (301) 987-8915 (fax)

[www.icomd.org](http://www.icomd.org)

Tax Exempt ID: 52-1718751

Check One:

- Yes, I like to enlist my business with ICM Benefits Network (IBN).
- I like to know more about ICM Benefits Network (IBN).

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

What Benefits/Services Your Business Can Offer: \_\_\_\_\_  
\_\_\_\_\_

Point of Contact (POC): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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