

# Islamic Association of Lewisville / Flower Mound Masjid Al Noor

3430 Peters Colony Road, Flower Mound TX 75022 | Ph: (972) 355-3937

Email: [info@ialfm.org](mailto:info@ialfm.org) / Website: [www.ialfm.org](http://www.ialfm.org)

## 2016 Membership Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
First M.I. Last First M.I. Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have resided in Denton County of Texas since : \_\_\_\_\_

Business / Occupation, Select One:

Executive/Manager     Professional     Doctor     Home Maker     Academic/Educators  
 Self Employed     Info Tech     Lawyer     Student     Retired     Other

Children (if any):    Name    Year of Birth

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_    Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_    Spouse's Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_     Please do not call at work number. Only for emergency.

Email: \_\_\_\_\_    Spouse's Email: \_\_\_\_\_

In Case Of Emergency, Please Contact:

Name: \_\_\_\_\_    Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_    Home: (    ) \_\_\_\_\_ - \_\_\_\_\_

Would you be willing to volunteer in any of the committees?

Membership     Fund Raising     Youth Activities     Maintenance     Construction  
 Education     Emergency Relief Fund     Facility Management     Event

Membership Type & Annual Dues:     Individual - \$25.00     Family - \$50.00

By signing the form, I acknowledge the following:

1. I am an adult Muslim and a legal resident of Denton County.
2. My membership is valid for 1 year which expires on Dec 31<sup>st</sup>, and in order to maintain my membership, I will need to renew it every year.
3. I authorize IALF to charge my credit card for the above amount for membership dues.
4. I will receive notification of all the activities and events of Masjid on the email address provided and on my home / cell phone number.
4. I agree to abide with the rectified constitution that was adopted by the General Body on Oct 21, 2007.

Signature: \_\_\_\_\_    Printed Name: \_\_\_\_\_    Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_    Exp. Date: \_\_\_\_\_    CVS Code: \_\_\_\_\_

CREDITCARDTYPE:     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

By signing below, the card hold accepts to pay the annual fees to Islamic Association of Lewisville / Flower Mound

Signature: \_\_\_\_\_    Name On Card: \_\_\_\_\_    Date: \_\_\_\_\_

### FOR IALF USE ONLY:

CASH  
 CHECK    Check #: \_\_\_\_\_    Name of Bank: \_\_\_\_\_