Al-Huda Islamic Center, Inc.

Established November 1987

2022 S. Milledge Avenue, Athens, GA 30605

(706) 548-4620

Membership Form

Please fill in all fields. The information will be kept private and shall only be used for planning and communication in areas relevant to the conduct of the affairs of Al-Huda Islamic Center.

Name: _____
Last M.I. First

Street Address: _____City: _____

State: _____ ZIP: _____ Telephone: ( )

Fax: ( ) E-mail: _____

Check one (*optional)*: ( ) US Citizen ( ) Resident Alien ( ) Other

Profession: _____ In community since: _____

Marital Status: ( ) Married ( ) Single

Spouse's Name: _____

Child 1: _____Date of Birth: ____/____/_____ Child 2: _____Date of Birth: ____/____/_____

Child 3: _____Date of Birth: ____/____/_____ Child 4: _____Date of Birth: ____/____/_____

Child 5: _____Date of Birth: ____/____/_____ Child 6: _____Date of Birth: ____/____/_____

Emergency Contact Name, Address, Telephone and E-mail: _____

_____

I am willing to help the community in the following areas (e.g. youth activities, social activities, outreach, etc.) _____

I understand that membership is free but I would like to pledge the following amount:

Amount: $_____ every ( ) month ( ) year.

Signature: _____ Date: ___/____/_____