



Islamic Association of Greater Detroit 2020 Membership Form

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM.

Incomplete forms will not be accepted.

Membership type: Family Membership (\$360) (Defined as husband and wife residing at the same address)

Single Membership (\$180) Renewing Member (Regular Member in 2019) New Member (Not a Member in 2019)

Name _____ Male Female

Phone number (____) _____ Email _____

Spouse's Name _____ Male Female

Phone number (____) _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Do you want to join the IAGD mailing list? Yes No

Please provide the names of two IAGD members as references:

1. _____ 2. _____

- I/We believe that there is no God to be worshipped except Allah and that the Prophet Muhammad (peace be upon him) is His last and final Prophet and Messenger.
- I/We certify that my/our membership dues are paid by myself/ourselves and not sponsored or paid by anyone other than an immediate family member (as defined on the reverse side of this form).
- I/We have read and agree to the terms of membership listed on the reverse side of this form.

Signature _____ Date _____

Spouse's Signature _____ Date _____

For any questions regarding IAGD membership, please email: membership@iagd.net

Check-o-matic Form

Please fill out the check-o-matic form below if you will be paying your membership fees by monthly deductions from your bank account.

Name: _____ Bank: _____

Routing #: _____ Account #: _____

I authorize IAGD to draw a monthly check in the amount of \$_____ from my above account, and if any such check is dishonored with or without cause, intentionally or inadvertently, my bank shall be under no liability whatsoever. (Please attach a voided check to this form.) Suggested monthly contribution amounts are as follows:

Single Membership: \$15 (Minimum), \$20 (Recommended), \$25, Other

Family Membership: \$30 (Minimum), \$40 (Recommended), \$50, Other

Signature _____ Date _____

A Member shall meet the following requirements:

- Be a Muslim of at least eighteen (18) years of age.
- Believe that there is no God to be worshipped except Allah and that the Prophet Muhammad (peace be upon him) is His last and final Prophet and Messenger.
- Accept the purposes of the Association and agree to abide by the Constitution and By-Laws of the Association.
- Submit a completed membership application form and/or payment to any member of IAGD Membership Committee, any member of IAGD BOD, or IAGD Admin.

Annual dues are payable on the first day of each (Gregorian) calendar year.

IAGD membership dues are set by the Board of Directors annually and are subject to change.

Membership dues for 2020 are \$360 for a family membership and \$180 for a single membership. Family membership is defined as a husband and wife (residing at the same address).

Membership dues can be paid by check, cash, or check-o-matic payments by an individual for himself/herself or for an immediate family member. (Note: Immediate family member is defined as a spouse, child, parent, sibling or parent-in-law only). No money orders, cashiers checks, or third party checks will be accepted for membership dues.

Renewing members can provide their membership payment to any member of IAGD Membership Committee, any member of IAGD BOD, IAGD Admin, place their personal checks for membership dues in the mailbox outside the Administration Office door OR mail directly to IAGD, 879 W. Auburn Rd, Rochester Hills, MI 48307 with "ATTN: Membership Committee" on the envelope.

The Board of Directors has the right to approve or reject membership applications.

A member shall have voting rights provided his/her membership dues have been paid in full by July 31st, 2020. Deductions for new check-o-matic members must meet or exceed the amount of their dues by July 31st, 2020, or they must submit payment for the difference by check/cash/credit/debit card by July 31st, 2020. Renewing check-o-matic members (whose payments continued throughout 2019 to present) will have voting rights.

Members determined eligible to vote in an election will receive one ballot. Ballots for family members (spouses) may be mailed together, at the discretion of the Election Committee.

For Office Use Only

Form received: Mail In person Donation box

Received by: _____ Date: _____

Amount received: _____ Payment type: Check Cash Credit card

If paid by check: Check number _____ Check date _____