

## MEMBERSHIP APPLICATION

Name:		Spouse	:	100		
Address:	(First)	(Middle)City:	(Last)	State: Zip:	(Middle)	
Address:(No P	O Bex.)	ell or Work Phone:				
Occupation:		Occupation	n:	98		
Residential Status:	Citizen	Permanent Resid	ent (	Other		
Applying for: Indivi	dual Membership		Family Memb	ership		
May we list your addre	ess, e-mail and pho	one number in our membe	rship directory?	Yes No		
		Children				
Name(s)		Age(s)		Sex		
10225		<u> </u>				
				-		
			-	15		
	285	_	100			
In case of emergency,	please contact:					
Relative in the United	States:		Phone:	7.57		
Relative out of the cou	ntry:		Phone:	(t)		
	j	Recommendation For Mer	nbership			
Sponsored By (Please	Print):					
1. Name:			Home Pho	ne:		
Signature:		191195	Wk. Phone	e:		
2. Name:						
Signature:			Wk. Pho	ne:		

## ICODLA Membership Form (Contd.)

## Arbitration Agreement

By signing this agreement I/we do hereby release the Islamic Center of Downtown LA of all claims and liabilities. I/We will abide by all the rules and regulations set by 5noora as well as those specified in the By Laws of the Islamic Center of Downtown LA. If I/we should ever get into a dispute with the Islamic Center, its board of directors, employees, or members, I/we agree to settlement in the form of a decision from the arbitration panel selected by the Islamic Center of Downtown LA and their decision will be final.

I/We do hereby declare that: A: There is no one worthy of worship excep B: Prophet Mohammad (SAWS) is the last to C: The Holy Quran is the Book of Allah as code of life	Messenger of Allah and the Final Proph			
Signature of Applicant	Date	- 1950 - 19		
Signature of Spouse (Optional)	Date	Date		
Note: Only completed applications will be processed Downtown LA. or dropped in the membership at to any elected member of the Majlid-e-Shoora or a ?	oplication box in the Islamic Center. Application	to the Islamic Center of ons may also be submitted		
	For Office Use Only			
Date Received:	Ву:	300		
Method of Payment: Check #				
Chec-O-Matic Application Attached? Yes	No Amount/Month:			
Status Approved:	Denied:			
Approved By:	Date:	72/12/		
Approved By:				
Processed By:	Date:			
Member Number Issued:				