

## ISLAMIC CENTER OF THE SANTA CLARITA VALLEY

**24910 AVE TIBBITTS, VALENCIA, CA 91355 (TAX ID 95-4379820)**  
**TEL: 661-998-3439** <http://www.icscv.org>

### MEMBERSHIP APPLICATION

Individual  Joint (Husband and wife)

Ms.  Mr. Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mrs.  Dr. Telephone: (     ) \_\_\_\_\_

### SPOUSE INFORMATION (JOINT)

Ms.  Mr. Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mrs.  Dr. Telephone: (     ) \_\_\_\_\_

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

Areas you can help: (e.g. Membership, Fundraising, Volunteer work OR \_\_\_\_\_)

### PLEASE LIST CHILDREN UNDER 18 HERE

Full name (First Name, Last name)	Age & Gender	Grade & Public School's Name (Voluntary Info)
	_____Years <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	_____Years <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	_____Years <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	_____Years <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
	_____Years <input type="checkbox"/> Boy <input type="checkbox"/> Girl	

*I/we hereby apply for membership to the ISLAMIC CENTER OF SANTA CLARITA VALLEY and pledge to agree and abide by the Center's by-laws and understand that submitting this application does not imply automatic acceptance. I/we also agree that any controversy or claim arising out of or relating to this membership shall be settled through arbitration that is based on the Qur'an and the Sunnah of the Prophet Mohammad (صلى الله عليه وآله وسلم), as explained and interpreted by the recognized schools of Fiqh. The decision of the Arbitrator(s) is final and binding and cannot be appealed in court.*

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Spouse:**

*(only if for a joint membership)*

**Date:** \_\_\_\_\_

*Membership entitles you to vote in the election of the ICSCV's Board of Directors. Membership dues are for the calendar year and upon approval of the application. (Note: Memberships dues are subject to change by the BOD; Each family member above 18 years must submit separate application)*

### FOR ICSCV OFFICIAL USE ONLY

Membership Category	2016 Membership Dues	Annual Membership Fees Received	
<input type="checkbox"/> General Member	<input type="checkbox"/> Individual \$30	\$ _____	<input type="checkbox"/> Waived
<input type="checkbox"/> Founding Member(s)	<input type="checkbox"/> Family \$60	\$ _____	<input type="checkbox"/> Waived
<input type="checkbox"/> Honorary Member(s)			
Total Collected:			

Membership Fees Received By: \_\_\_\_\_

Cash  Check No \_\_\_\_\_

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

### ICSCV Board's Action

Approved

Not Approved

Reason (s): \_\_\_\_\_

ICSCV Board/Assignee: \_\_\_\_\_

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

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

Effective Membership Date: \_\_\_\_\_

Membership ID #: \_\_\_\_\_