

Islamic Society of Delaware

28 Salem Church Road, Newark, DE 19713 Tel:(302) 733-0373

Membership Form for Year 200_-200_

Membership Type (Check **One**):

Family (\$50):_____ **Single** (\$25):_____ **Student**(\$10):_____

Name Last:_____ First:_____ MI:_____

Spouse Last:_____ First:_____ MI:_____

No. of Children:_____ Ages of Children:_____

Phone Number: (____) _____ - _____ e-mail:_____

Address: _____

I declare that I will comply with the ISD Constitution and by-laws.

Applicant Signature:_____ Date:____ / ____ / 20____

I would like to help the community in the following areas:

School/Teaching:_____ Youth Activities:_____ Fund Raising:_____

Masjid Maintenance:___ Social Activities:_____ Other:_____

Special Skills:_____

Official Use Only

Membership Number:_____ ISD Official

Signature:_____