



Islamic Society of Greater Houston

3110 Eastside Street, Houston, Texas 77098 (713) 524-6615 Fax (713) 524-2045

PART I

MEMBERSHIP APPLICATION

Membership # _____

(for Voting Eligibility)

First Name _____ Middle Name _____ Last Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____ EMAIL _____

Spouse Name _____

Children's Names & Dates of Birth (REQUIRED): Voting eligibility: 15 years old on Election Day.

1. _____	DOB* _____	4. _____	DOB* _____
	MM / DD / YR		MM / DD / YR
2. _____	DOB* _____	5. _____	DOB* _____
	MM / DD / YR		MM / DD / YR
3. _____	DOB* _____	6. _____	DOB* _____
	MM / DD / YR		MM / DD / YR

* Names without full date of birth will not be entered.

I certify that the above information is correct, and I have read the membership articles of the ISGH Constitution and Bylaws stated on the back of this application. I further agree to resolve any dispute with other members or ISGH Administration through Islamic Arbitration and will abide by the Code of Ethics stated in the ISGH constitution.

Profession: _____ Can You Volunteer your professional services to ISGH? YES NO

1 Year Membership Dues: Family \$40, Single \$25, Student \$10.00 (Evidence of FULL time registration in a recognized educational institution is required); **Multi-year Dues :** 3-Year Membership: family \$100, Single \$60; **5-year Membership:** family \$150, Single \$100; and **Life Membership** \$1000.00.

Membership dues are non refundable.

Dependent children of age 21 years and above must apply for separate membership.

ALL MEMBERSHIP APPLICATIONS SUBJECT TO APPROVAL BY MAJLIS AL-SHURA

MY MEMBERSHIP SHALL BE ASSOCAITED WITH:**

Zone _____ Center _____

NO: Adel Road, Champions; NW: Bear Creek, Spring Branch, Cinco Ranch; SW: Mission Bend, Synott Road, New Territory; SO: Brand Lane, Med Center; SE:HWY 3, Pearland. (**Members residing near the boundary of 2 zones & wish to participate in an adjacent zone, can do so by making a petition to the Shura for consideration).

Signature _____

PART II

TAX DEDUCTIBLE MONTHLY CONTRIBUTIONS

Automatic Monthly Deduction from Your Bank: \$_____ (Please enclose a CANCELLED check)

I hereby authorize Islamic Society of Greater Houston (ISGH) to charge my account detailed below:

Bank Name: _____ Account # _____

Signature _____ Donation to be used for: Main Center, _____ Zone, Darul Arqam School, Dawa, Endowment Fund, Funeral Fund, Membership, Zakaat, Sadaqa

PART III

For ISGH Use Only

This is to certify that the applicant satisfies the eligibility for voting membership as per ISGH Bylaws Article I, Membership Section 2.

General Secretary/Directors/ Zonal Council Member/Membership Secretary

Processed By _____