

ISLAMIC CENTER OF THE CAPITAL DISTRICT

21 LANSING ROAD NORTH SCHENECTADY, NY 12304

PHONE: (518) 370 – 2664

ICCD MEMBERSHIP APPLICATION

Date of Application: ____ / ____ / 2023

Applicant Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

*Please check this box if you would like all communications by email.

Applicant Signature: _____

<u>Payment Method*</u>	
\$250 x _____	= _____
Total Dues:	_____
Check #:	_____
Check Date:	_____

Application Approval by President and one other officer of ICCD BOT: _____

If not approved, reason for rejection of application: _____

Please Read Carefully

1. Applicant must be a Muslim 18 years or older, and a resident of the Capital District area.
2. Membership is open only to legal residents of USA.
3. Membership dues are to be paid for each calendar year from January 1st to December 31st.
4. Voting rights are only for those members who have paid their membership before 5pm, July 31st.
5. Personal checks will only be accepted for payments.
6. At time of elections, applicant must provide a valid public photo ID with a Capital District address.
7. Membership application is subject to approval by the ICCD BOT.
8. Membership is subject to cancellation by ICCD BOT if member violates ICCD Constitution and/or policies.

Lifetime Membership Option

If you are interested in a Lifetime membership option, please check box below.

Lifetime Membership Donation - **\$2500***

\$2500 x _____ = _____

**Membership dues are not tax deductible.*