

ISLAMIC CULTURAL ASSOCIATION
P.O. Box 250344 ♦ Franklin, MI 48025
248/988-7517 ♦ contact@ica-mi.org ♦ www.ica-mi.org

MEMBERSHIP APPLICATION

YEAR: 2014 **TODAY'S DATE:** _____

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____ Please add me to your email list.

Profession: _____ I am willing: to be a mentor to do committee work other: _____

Spouse:

First Name: _____ Last Name: _____
E-mail: _____ please add me to your email list.
Profession: _____ I am willing: to be a mentor to do committee work other: _____

Children living at home:

Name	Birth year	Name	Birth year	Name	Birth year
_____	_____	_____	_____	_____	_____

Please check this box if you allow the ICA to circulate your contact information to partner organizations (for non-ICA business).

DUES	#	Annually	Monthly (using Check-o-matic only)	Total
Family Gold Membership *Gold membership Privileges: Free picnics, monthly brunches, swimming			\$300	
Individual		\$400	\$35	
Family (including children 18yrs and younger)		\$550	\$46	
Student *including children of members (18 and up)		\$150	\$12.5	

Auto-renew my membership next year
 Check enclosed

Voluntary contribution:
Amount: \$ _____
 Monthly One Time
Please donate generously, your donations are highly appreciated and needed

Monthly check-o-matic (please attach voided check or fill information below)
Bank Name _____
Account No.: _____
Routing No.: _____

Monthly Credit Charge:
Credit card #: _____
Expiration date: _____
Name as it appears on card: _____
CVV: _____

I authorize the Islamic Cultural Association to charge my credit card the amount stated above

Signature: _____ Date: _____

Per ICA bylaws, please list two references of other full members of the ICA:

1- Name _____ Contact number _____

2- Name _____ Contact number _____

EC Approval