



Islamic Center of New Mexico

1100 Yale Blvd SE • Albuquerque • NM 87106
 PO Box 4582 • Albuquerque • NM 87196
 www.icnmabq.org

Tel 505.256.1450
 Fax 505.268.1378

2015 Membership Registration Form

Registration starts on March 1st and ends on August 31st, 2015

Please check one: <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Update Contact Information		
Demographics		
First Name: _____	Last Name: _____	
Address: _____	Apt. Number: _____	
City: _____	State: ____	Zip Code: _____
Telephone: () ____-____	Cell: () ____-____	Email: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
List Members of House Hold		
Name	Relationship	Over 18 year-old
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the above information is correct. I pledge to abide by ICNM Bylaws.		
Signature: _____	Date: ___ / ___ / _____	
MEMBERSHIP REGISTRATION FEE		
<input type="checkbox"/> Student \$20 <input type="checkbox"/> Student + Family \$40 <input type="checkbox"/> Individual \$35 <input type="checkbox"/> Individual + Family \$60		
Support ICNM – Sign up Now & Your Membership is Free		
AUTOMATIC MONTHLY WITHDRAWAL (ACH)		
<input type="checkbox"/> Existing Monthly Donor Start Date: ___ / ___ / _____		
<input type="checkbox"/> One time <input type="checkbox"/> Monthly <input type="checkbox"/> _____		
Amount:	<input type="checkbox"/> \$20 <input type="checkbox"/> \$ 50 <input type="checkbox"/> \$ 100 <input type="checkbox"/> \$ 250 <input type="checkbox"/> \$ 500 <input type="checkbox"/> Other \$ _____	
Method of Payment:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Withdrawal	
Credit Card Payment:	<input type="checkbox"/> Discover <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Am Express <input type="checkbox"/> Other: _____	
	Card Number: _____	Expiration: ___ / ___
Bank Withdrawal:	Bank Name: _____	
(Provide VOIDED Check)	Account #: _____	Routing #: _____
I hereby authorize the Islamic Center of New Mexico (ICNM) to charge my account as detailed above:		
Signature: _____	Date: ___ / ___ / _____	
FOR ICNM USE ONLY:		
Date Received: _____	Fee paid: _____	Approved: _____