



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

2016 Membership Registration Form

Registration ends on August 31st, 2016

Please check one: <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Update Contact Information <input type="checkbox"/> Sign up for Donation			
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 Household			
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: _____	