



Islamic Center of New Mexico

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www.islamnm.org

FOR ICNM USE ONLY

Date Rc'd: _____

Fee Paid: \$ _____

Approved By: _____

2011 Membership Registration Form

Please check one: New Registration Renewal Update Contact Information

DEMOGRAPHICS:

First Name: _____ Last Name: _____

Marital Status: Married Single Divorced Widowed How long have you attended ICNM? _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

LIST MEMBERS OF HOUSEHOLD:

NAME & RELATIONSHIP:	OVER 18 YEARS 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
5. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. _____	<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: _____

ANNUAL MEMBERSHIP FEES:

MANDATORY

Please check one:

- Single \$35 Family \$60
 Student: \$20 Student + Family: \$40
 Waive Fee (sign-up for ICNM Volunteer Services)

Total Amount Due: \$ _____

Method of Payment:

Cash Check Credit Card

If paying by Credit Card:

Am Express Visa MC Discover Other

Card Number: _____

Expiration: _____

TAX DEDUCTIBLE AUTOMATIC CONTRIBUTIONS:

Please sign up to support ICNM

Start Date: _____

One time Monthly

\$50 \$100 \$250

\$500 \$1000 Other \$ _____

Method of Payment:

Cash Check Credit Card Bank Withdrawal

If paying by Credit Card:

Am Express Visa MC Discover Other

Card Number: _____

Expiration: _____

Automatic Bank Withdrawal: (Provide **VOIDED** check)

Bank Name: _____

Account #: _____

Routing#: _____

I hereby authorize the Islamic Center of New Mexico (ICNM) to charge my account as detailed above:

Signature: _____

Date: _____