

Islamic Center of Lexington Park

46118 Thompson Court, Lexington Park, MD 20653

Phone (240) 317-7299 Website: <http://www.iclpmd.org>

ICLP MEMBERSHIP FORM

FOR YEAR 20____ - ____

PLEASE PRINT YOUR NAME, ADDRESS PHONE NUMBER AND EMAIL CLEARLY

Who needs to fill this Form?

If you are a Muslim (18 yrs old) and residing in Southern Maryland in the State of Maryland and NOT an ICLP member.

If you are renewing your ICLP membership and your contact information has changed.

Who will not need to fill this Form?

If you are already an ICLP member and renewing your membership. (Just submit your membership dues as usual.)

Membership Type (Check **One**):

☐ **Family** (\$50)

☐ **Single** (\$25)

(Yearly Membership Fee)

☐ **Student** (\$10)

☐ **Registered** (non-voting)

I declare that my main Islamic Center is ICLP.

☐ YES

☐ NO then enter the name of Islamic Center

Applicant Name:

Spouse Name:

Address:

Phone:

Email:

I declare that I will comply with the ICLP By-Laws along with Masjid Rules and regulations which are written according to the Quran and Sunnah

Applicant Signature: _____

Date: _____

I would like to help the community in the following areas:

☐ School/Teaching

☐ Youth Activities

☐ Fund Raising

☐ Masjid Maintenance

☐ Social Activities

☐ Other:

Special Skills: _____

Official Use Only

ICLP Board Name/Sig.: _____

Date: _____

NOTE: Please print and submit this completed form to any of the ICLP Board Directors OR mail this form along with the membership payment to the address given above