

# ISLAMIC CENTER OF Des Moines

Phone (515) 255-0212 [icdm.support@gmail.com](mailto:icdm.support@gmail.com)

## A Non Profit Religious Organization - Membership Form

Date : \_\_\_/\_\_\_/\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Profession: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Marital Status:    Single                       Married                       Other                      Wife's Name: \_\_\_\_\_

Children (Age): \_\_\_\_\_

\_\_\_\_\_

**The Annual Membership dues are: \$120 for Family, \$75 for Single, \$30 for Students**

Program	Select (Circle) Amount– Monthly Commitment
Masjid Operations	\$10    \$15    \$20    \$25    \$30    Other _____
New Harizon Islamic School	\$10    \$15    \$20    \$25    \$30    Other _____
Programs (Dawah, Islamic Sunday School, Computer Lab)	\$10    \$15    \$20    \$25    \$30    Other _____
New Mosque	\$10    \$15    \$20    \$25    \$30    Other _____
Monthly Membership to ICDM.	\$
<b>YOUR TOTAL MONTHLY AMOUNT</b>	

**If you elect the monthly payment option please complete the information section below (please include a void check)**

<b>Information</b>	
Bank Name	
Routing #	
Account #	
<b>Signature (required):</b>	
<b>Automatic Withdrawal</b>	Monthly <input type="checkbox"/> One Time <input type="checkbox"/>
	<input type="checkbox"/> Void Check <input type="checkbox"/> Date Beginning ___/___/___    End Date ___/___/___
I give permission to the Islamic Center of Des Moines to withdraw the monthly pledge from my bank account each month. I will submit a written notice of any changes or terminations to the Islamic Center of Des Moines to adjust my account within a reasonable period of time.	

**Rules and Regulations**

1. This membership entitles you to vote and nominate in the ICDM Elections.
2. **This Masjid is run on donations; you should fill out the form above completely based on your ability. We encourage everyone to give at least 1% of net income to the Masjid. (All donations tax deductible)**
3. You agree to abide by the Constitution of the Islamic Center of Des Moines completely, and work under the guidance of the ICDM's constitution. (Constitution copy available upon request).
4. The ICDM Executive Board has the obligation to terminate any membership where it sees appropriate.

I \_\_\_\_\_ have read the above and completely agree to abide by all the rules above, and the constitution of ICDM.

Signature Applicant: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Amount Paid: \_\_\_\_\_