



APPLICATION FOR MEMBERSHIP

(Please Print Clearly)

PERSONAL INFORMATION

Muslim Name	Legal Name		
Address	City	State	Zip
Cellular Telephone #	Carrier (Nextel, Sprint, etc.)		
Home Telephone #	Email Address		

FAMILY STATUS

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
Spouse Name		Yrs. Married	
No. of Children	Name	Gender	
	Name	Gender	
	Name	Gender	
	Name	Gender	

EMERGENCY CONTACT

Name	Telephone #	Relationship
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SUB-COMMITTEE PARTICIPATION

All UMM members are required to serve on at least one committee. What UMM current committees would you like to serve on?

- | | | |
|---|--|--|
| <input type="checkbox"/> New Masjid Committee | <input type="checkbox"/> Masjid Operations Committee | <input type="checkbox"/> Dawah Committee |
| <input type="checkbox"/> Security Committee | <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Banquet Committee |
| <input type="checkbox"/> New Shahada Committee | <input type="checkbox"/> Islamic Education Committee | <input type="checkbox"/> Political Committee |
| <input type="checkbox"/> Administration & Information | <input type="checkbox"/> Islamic Scholarship Committee | <input type="checkbox"/> Young Adult Committee |
| <input type="checkbox"/> Islam Today Radio Show | <input type="checkbox"/> Prison & Recovery Committee | <input type="checkbox"/> Cultural Development |
| <input type="checkbox"/> Fashion Show Committee | <input type="checkbox"/> Youth, Family & Community Committee | |

SPECIAL SKILLS / DEGREE

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This is to certify that I have voluntarily submitted the information requested on this form. I understand that completing this application does not constitute membership. Finalization of membership will occur when all conditions of membership have been met (application, orientation, and attend monthly meetings). I also understand that this information will only be used by authorized persons of the United Muslim Movement and none of my personal information will be divulged to any third party without the written consent of this applicant. *Carrier info is for important updates.

Signature	Date
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Thank you for completing this application. Send to
 United Muslim Masjid * 810 S. 15th Street * Philadelphia, Pa. 19146 * 215-546-6555
 United Islamic Center * 1251 Point Breeze Avenue * Philadelphia, Pa. 19146 * 215-467-1665