



# The Islamic Society of Corona-Norco

## Membership Application Form

465 Santana Way, Corona, Ca 92881

**Be a part of the dynamic community, FILL your application today**

**Application Type:**  New  Information Update **Application Date:** mm / dd / yyyy

**Member Name and Contact Information**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_ **eMail Address:** \_\_\_\_\_

**Age:** [ ] **Gender:**  Male  Female **Profession:** \_\_\_\_\_  Text to Cell

**Home (Street) Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone #** \_\_\_\_\_

**Spouse's Name and Contact Information**  **Check this box if spouse also wants to be a member**

**First Name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_ **Cell No:** \_\_\_\_\_ **email Address:** \_\_\_\_\_

**Age:** [ ] **Gender:**  Male  Female **Profession:** \_\_\_\_\_  Text to cell

**Payment method:**  Check  Credit Card  Auto Deduction **Amount is per year per person**  
 Single >21 (\$120)  Senior = > 60 Years (\$20)  
 Youth < 21 Years (\$10.00)

**Auto Deposit Authorization** (Fill this part if you checked Auto Deduction in the payment method section)

I support the Islamic Society of Corona-Norco Inshaa' Allah with membership dues and/or donation in the amount of \$ \_\_\_ every month. I hereby authorize ISCN to initiate charges for membership from my bank account specified below. I understand that I have the right to cancel my membership with one month's notice to ISCN. **For bank account deductions please attach voided check. For credit card payments please fill the following section**

**Credit card number:** \_\_\_\_\_ **Valid thru:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

Charge full membership amount  Charge partial \$ \_\_\_\_\_ monthly

**Name on the account:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Applicant's Signature:** (I agree to abide by the principles, goals, and objectives of the ISCN Bylaws) \_\_\_\_\_

**Spouse's Signature:** (I agree to abide by the principles, goals, and objectives of the ISCN Bylaws) \_\_\_\_\_

(Please provide spouse's signature if spouse also wants to be a member)

**To become a voting member**

It is your responsibility to inform Membership Committee about your intention to become a voting member after completion of one year of membership. Your status will be changed after your request is received via email (membership@coronamuslims.com), or in person provided you reside within 15 miles of Corona City Hall and have paid all your past dues and your request is approved by the Membership Committee. Voting members are obliged to be present in general body meetings.

**ISCN Official Use Only:**

**Amount Received:** \_\_\_\_\_ **Date Received:** mm / dd / yyyy **Membership Starting Date:** mm / dd / yyyy **Approved by:** \_\_\_\_\_

**Member Assigned ID(s):** \_\_\_\_\_ **Date:** mm / dd / yyyy