

# Islamic Society of Western Maryland

2036 Day Road, Hagerstown, MD 21742

**GET INVOLVED**

**BECOME A MEMBER**

**CONTRIBUTE**

Tel: 301-797-0922 / Web: [www.iswmd.org](http://www.iswmd.org) / E-mail: [iswmd@yahoo.com](mailto:iswmd@yahoo.com)

## Membership Application

A separate membership application is required for each individual

MEMBER INFORMATION				
Name (Last, First, Middle)		Age (>18 yrs)		Profession / Business
		Yes	No	
Street Address		City & State		Zip Code
County		Length of stay at this address (Years & Months)		
Phone (Home)		Phone (Work)		Phone (Cell)
E-mail				Legal Resident of USA? (Yes or No)
Would you like to Volunteer in any committee of the ISWMD? If yes, please indicate your interest and list previous experience, if any:				
SPOUSE INFORMATION (For Directory Listing)				
Name (Last, First, Middle)			Profession / Business	
Phone (Work)	Phone (Cell)		E-mail	
CHILDREN INFORMATION (For Directory Listing)				
Name (Last, First, Middle)		Age (yrs)	E-mail	
Name (Last, First, Middle)		Age (yrs)	E-mail	
Name (Last, First, Middle)		Age (yrs)	E-mail	
Annual membership dues are \$50 per member (\$25 for full-time students) - from January 1 to December 31. If you have paid \$50 or more to ISWMD in any category (other than Zakat) during the previous year, your membership dues are considered paid. If you paid \$100 or more, your spouse dues are also considered paid. Do you want your dues waived for financial hardship? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Signature			Date	
ISWMD Office Use Only				
Date Application Received	Continuing Member		ACCEPTED	
	Yes	No	Yes	No
Name of Reviewer	Signature			