

In the Name of Allah, the Beneficent, the Merciful Al-Umma Center of Santa Clarita Valley

18027 Sierra Highway, Canyon Country 91351
 (661) 347-8367 center@aucscv.org www.aucsev.org Tax ID: 46-1819648

MEMBERSHIP APPLICATION

Applicant Name: _____
First Middle Last

() - _____
Phone email address

Spouse Name: _____
First Middle Last

() - _____
Phone email address

Residence	Work <small>(to be used to establish residency in SCV)</small>
Street: _____	Street: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Children (for children under 18 only. Children over 18, fill separate application for youth membership. If more space is needed, please list on the back)

NAME	AGE	GENDER

I/We hereby apply to become (an) active member(s) of Al-Umma Center of Santa Clarita Valley. I/We have received a copy of the Center's Bylaw. I/We pledge to support the Center's programs, abide by its laws and regulations and Bylaws. I/We agree to abide by the Arbitration Clause (Article X of the Bylaws). I/We understand that the Center's Bylaws can be amended in accordance with article XI of the Bylaws.

FOR OFFICIAL USE ONLY			
Membership	Type	Annual Membership Fees	
<input type="checkbox"/> Full (Founding)	<input type="checkbox"/> Family	<input type="checkbox"/> \$120.00	<input type="checkbox"/> Other _____
<input type="checkbox"/> Associate	<input type="checkbox"/> Individual	<input type="checkbox"/> \$60.00	<input type="checkbox"/> Other _____
<input type="checkbox"/> Youth		<input type="checkbox"/> Waived	
<input type="checkbox"/> Honorary		<input type="checkbox"/> Waived	
<input type="checkbox"/> Not Approved	Total Fees:	\$ _____	

Applicant Signature	Spouse Signature
Date	Date

Please, make checks payable to: "AUCSCV"

