ISLAMIC CENTER OF MARYLAND
19411 Woodfield Road. Gaithersburg, MD 20879
Tel: 301 840 9440 Fax: 240 715 1018
Website: www.icomd.org

Membership Form

1. Print all information legibly.
2. Enter full 9 digit Zip Code.
3. Make checks payable to ICM.
4. Membership dates are from January 1 to December 31.

Membership Type: Check one ☐ Family $100 ☐ Individual $50 ☐ Student $25

Primary Member

Full Name _____ **Gender (M/F)** _____

Address _____
Street City State

Home Phone | | | | | | | | | | | **ZIP** | | | | | | | | | |

Work Phone | | | | | | | | | | | **E-mail** _____

Profession _____ **Company Name** _____

Spouse

Full Name _____ **Sex (M/F)** _____

Profession _____ **Company Name** _____

Work Phone | | | | | | | | | | | **E-mail** _____

Children & Other Members of Household

No	Name	Relationship	Date of Birth
1			
2			
3			
4			
5			
6			
7			

Signature _____ **Date** _____

CONFIDENTIAL