

# ISLAMIC CENTER OF MARYLAND

19411 Woodfield Road. Gaithersburg, MD 20879

Tel: 301 840 9440 Fax: 240 715 1018

Website: [www.icomd.org](http://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 \_\_\_\_\_