



Islamic Center of Maryland

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Gaithersburg MD 20879

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Data Required for Walk-in Renewals

First Name	
Last Name	
Email Address	
Phone Number	
Street Address	
City	
Zip Code	
Name/Address Verifier	<ul style="list-style-type: none"><input type="radio"/> Copy of Driver's License<input type="radio"/> Copy of Utility Bill
Membership Type	<ul style="list-style-type: none"><input type="radio"/> Single (\$100.00)<input type="radio"/> Family (\$200.00) - Spouse info is mandatory <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>First Name: _____</p><p>Last Name: _____</p><p>Email: _____</p></div>
Hardship Discount	<ul style="list-style-type: none"><input type="radio"/> Yes (50% Off from your selected membership fee)<input type="radio"/> No
Check Number:	
Amount:	

<input type="checkbox"/>	I am 18 years old and will abide by ICM By-Laws and I confirm that all the information provided above is accurate. I understand that any missing or illegible information may cause delays or result in my membership renewal not being processed. I further understand the above information will be used to complete my membership on ICM portal and that ICM may contact me to verify any of my information.
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Signature: _____

Date: _____