

ISLAMIC CENTER OF DES MOINES
6201 FRANKLIN AVE DES MOINES, IA 50322
MEMBERSHIP APPLICATION

Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Home ph: _____ Cell ph: _____

Marital Status: ___ Married ___ Single ___ Other Country of Origin: _____

Family Information:

	Last Name	First Name	Middle Name	Gender
1. Spouse:				M / F
2. Child:				M / F
3. Child:				M / F
4. Child:				M / F
5. Child:				M / F
6. Child:				M / F

Payment Information: Please check one of the following

I have attached annual dues	\$120 (Family)	\$75 (Single)	\$30 (Student)
I already have paid annual dues	\$120 (Family)	\$75 (Single)	\$30 (Student)
I have donated more than/equal to	\$120 (Family)	\$75 (Single)	\$30 (Student)
I have donated more than/equal to	\$5000		
I am eligible for dues exemption	(please attach documents to support eligibility)		

Applicant's signature: _____

ICDM office use only:

Quickbooks Customer ID	Treasure's note about payments/exemption

