

# ISLAMIC CENTER OF LITTLE ROCK



3224 ANNA ST, LITTLE ROCK, AR, 72204.

(501)-565-4930

WWW.THEICLR.ORG

## MEMBERSHIP APPLICATION FORM

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE

NAME OF SPOUSE: \_\_\_\_\_

-PLEASE WRITE N/A IF SINGLE

CHILDREN NAME(S): \_\_\_\_\_

I PROMISE TO PAY MEMBERSHIP FEE OF:

FAMILY \$30/month  SINGLE \$15/month  STUDENT \$10/month

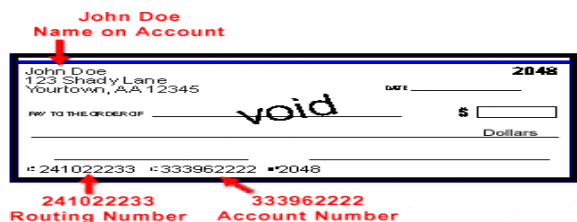
ALL PAYMENTS ARE TAX DEDUCTIBLE WHEN YOUR CHECK IS PAYABLE TO ICLR. ICLR IS A 501 (C)(3) NONPROFIT ORGANIZATION.

NAME OF THE BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



To avoid any errors, we would appreciate if you could provide us a voided check as in the image.  
We thank you and appreciate your help towards ICLR.