

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: _____

NAME OF SPOUSE: _____

CHILDREN NAME(S): _____

I PROMISE TO PAY MONTHLY MEMBERSHIP (SADAQAH) OF:

Family: \$30.00 ___ \$50.00 ___ \$75.00 ___ \$100.00 ___ Other Amount _____

Single/Student: \$20.00 ___ \$30.00 ___ \$50.00 ___ Other Amount _____

ALL PAYMENTS ARE TAX DEDUCTIBLE WHEN YOUR CHECK/CARD IS PAYABLE TO ICLR.

ICLR IS A 501 (C)(3) NONPROFIT ORGANIZATION.

TO PAY BY CREDIT CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE - (/) (Month/Year) | 3 digit code on the back - ()

TO PAY BY AUTO WITHDRAWAL:

NAME OF THE BANK:

ACCOUNT NUMBER :

ROUTING NUMBER:

I SUBSCRIBE TO ICLR EMAILS AND AUTHORIZE ICLR TO WITHDRAW MONEY FROM THE ABOVE ACCOUNT.

SIGNATURE: _____ DATE: ____ / ____ / ____