



Islamic Association of Lewisville / Flower Mound

Masjid Al-Noor

3430 Peter's Colony, Flower Mound, TX 75022 | Ph: (972) 691-5566

Membership Form

Name: _____ Spouse: _____
First M.I. Last First M.I. Last

Address: _____

City: _____ State: _____ Zip: _____

Have resided in Denton County of Texas since : _____

Business / Occupation, Select One:

- Executive / Manager Professional Doctor Home Maker Academic / Educators
 Self Employed Info Tech Lawyer Student Retired Other

Children (if any):	Name	Year of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ ext. _____

Cell: () _____ - _____ Spouse's Cell: () _____ - _____ Please do not call at work number. Only for emergency.

Email: _____ Spouse's Email: _____

In Case Of Emergency, Please Contact:

Name: _____ Cell: () _____ - _____ Home: () _____ - _____

Would you be willing to volunteer in any of the committees?

- Membership Fund Raising Youth Club Maintenance
 Sunday School Emergency Relief Fund General / All Purpose

Membership Type & Annual Dues: Individual - \$25.00 Family - \$50.00

By signing the form, I acknowledge the following:

- I am an adult Muslim and a legal resident of Denton County.
- My membership is valid for 1 year and in order to maintain my membership, I will need to renew it every year.
- I authorize IALF to charge my credit card for the above amount for membership dues.
- I will receive notification of all the activities and events of Masjid on the email address provided and on my home / cell phone number.
- I agree to abide with the rectified constitution that was adopted by the General Body on Oct21, 2007.

Signature: _____ Printed Name: _____ Date: _____

Credit Card #: _____ Exp.Date: _____ CVS Code: _____

CREDIT CARD TYPE: VISA MASTER CARD DISCOVER AMERICAN EXPRESS

By signing below, the card hold accepts to pay the annual fees to Islamic Association of Lewisville /Flower Mound

Signature: _____ Name On Card: _____ Date: _____

FOR IALF USE ONLY:

- CASH
 CHECK Check #: _____ Name of Bank: _____