

IALFM | Islamic Association of Lewisville / Flower Mound

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e-mail: membership@ialfm.org | website: www.ialfm.org

IALFM Membership Form

Family Membership (\$50 per year)

Individual Membership (\$25 per year)

Your Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How long have you resided in Denton County, Texas? _____

Your Cell Phone Number: _____ Your Email Address: _____

Your Family Information: *(for members who are signing up for 'IALFM Family Membership')*

Full Name of your Spouse: _____

Cell Phone Number: _____ Email Address: _____

Children (if any):

Name of Child	Year of Birth	Email Address <i>(if child is 18 years or older)</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IALFM Membership Declaration: By signing & submitting this form, I acknowledge & declare the following:

1. I am an adult Muslim and a legal resident of Denton County in the State of Texas.
2. My IALFM Membership is valid for 1 year which starts on Jan 1st & expires on Dec 31st of each year, and to maintain my membership status, I will need to renew it at the start of every new year.
3. I authorize IALFM to charge my payment method for the membership dues (Family: \$50, Individual: \$25).
4. I will receive notification of all the activities and events of IALFM Masjid on the email addresses and/or on my cell phone numbers, provided in this form (you can unsubscribe from our mailing list later, if you desire so).
5. I agree to abide by the rectified [IALFM Constitution](#) that was adopted by the General Body on Oct 21, 2007.

Your Full Name (write on the line above)

Signature

Date

Payment Method Details:

Cash Check Debit/Credit Card Type: Visa MasterCard AmEx Discover

Debit/Credit Card Number: _____ Expires in Month/Year: _____

Name on the Card: _____ CVV Code: _____

Cash Amount Included: _____ Check Number: _____ Bank Name: _____