

Name of Organization:			
Address: <i>(Street)</i>		<i>(Apt #)</i> :	<i>(City)</i> :
<i>(State)</i> :	<i>(Zip)</i> :	Phone :	E-mail :
Web Site: www.			

Number of Families Attending the Islamic Center:
 _____ Members _____ Non-Members (approximate)

Name of Office Bearers:

Chairman of BOD:	Tel: ()	-
Cell: ()	-	E-Mail:
Imam:	Tel: ()	-
Cell: ()	-	E-Mail:
President:	Tel: ()	-
Cell: ()	-	E-Mail:
Representative:	Tel: ()	-
Cell: ()	-	E-Mail:
Representative:	Tel: ()	-
Cell: ()	-	E-Mail:

The above named Officers will be representing and voting on behalf of our Islamic Center/Masjid at the Council meetings.

Do you have constitution and By laws or Incorporation? Yes NO

(Please attach a copy)

Signed by:

Name: _____

Designation _____