

# ICEV Membership Application

**New Member**       **Renewal**       **[PLEASE PRINT]**      **Application Date:** \_\_\_\_\_

**1. Primary Membership Information:**

Name: \_\_\_\_\_, \_\_\_\_\_  
[Last] [First]

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
[Street] [City] [State, Zip]

Phone: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
[Home] [Other] [E-mail Address]

**Additional Membership Information:**

Spouse's Name [Last, First]: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- 2. Payment Options:**  One time membership payment (minm \$300 per person)  
 Monthly withdrawal from a checking account [\$25/person/month]      **\*\* ensure this covers full year dues (\$300/person)**  
 Will pay online at [www.icev.org](http://www.icev.org)  
 General membership with no dues required (no voting rights).

- 3. Disclosers:** For your privacy, your information will not be released to any outside organization without your consent.  
 Please check Y/N to the following:
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| ▪ Do you agree to abide by ICEV Bylaws?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are you 18 years or older?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are you Maricopa/Pinal County resident for 12 months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Do you agree to pay membership dues?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ To become an eligible voter you need to be a member in good standing [with a filled out membership form] 24 months prior to voting period. [Only eligible Voting Members can vote in the election for the ICEV Board of Directors] |                          |                          |

**4. Signature:**  
 I attest that all information in the ICEV Membership Application Form is correct. I understand that the disclosers shown above and it is my responsibility to familiarize myself with the ICEV Bylaws and policies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount collected: \$ \_\_\_\_\_       Cash:       Check # \_\_\_\_\_       Monthly bank withdrawal for 1 or 2 persons

Approved by: \_\_\_\_\_ Membership Number: \_\_\_\_\_

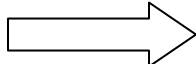
Comment: \_\_\_\_\_ # of voting members:

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## Automatic Bank Withdrawal Information

- 1. Monthly Donation Amount:**  
 Please check the box next to the amount that you would like to donate monthly. A minimum of \$25 per person with one year commitment and will continue if not nullified by the primary member.
- \$25       \$50       \$75       \$100       \$150       Other \$ \_\_\_\_\_

**2. Authorization:**  
 I, the undersigned, authorize the Islamic Center of the East Valley and its bank and/or other agency authorized by ICEV to withdraw the amount I have checked above from my bank account and/or credit card every month,  
 Beginning of the month of \_\_\_\_\_ in the year \_\_\_\_\_



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**3. Bank Account Information:**

*Please provide a voided check for bank verification.*

Account Holder Name

[Last, First]: \_\_\_\_\_

Address \_\_\_\_\_

City & Zip: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account number: \_\_\_\_\_