



Islamic Association of Mid Cities
 500 Cheek Sparger Road, Colleyville, TX 76034
 Office: (817)788-8820 Website: www.iamcenter.org
 A Non Profit Religious 501(c)(3) Organization

IAMC Appreciation/Suggestion/Concern Form

Membership Number: _____

First Name: _____ Last Name: _____

Contact: _____ Email Address: _____

Are you volunteering at the masjid: YES No Hr/wk: _____

Appreciation/Suggestion/Concern (Circle Appropriately): Operations Imam Communications

Family Nights Religious Events Social Events Fund Raising Community Youth

Are you expecting feedback? Yes No Can you help with implementing the suggestion? Yes No

Details:

(We will review the suggestion/concern in our next Executive Committee meeting)

Signature of the Applicant: _____ Date: ____/____/2011

OFFICIAL USE ONLY:

Data Reviewed: ____/____/2011 ASC Number: _____ Accepted Denied

Action Plan:

Review By: _____

Thank you !