



ISLAMIC ASSOCIATION OF MID-CITIES

IAMC Member's Information

Full Name: _____
Last First / (Spouse's first name) M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell: _____ Email: _____

Cell: (Spouse) _____ Email: _____

Add to WhatsApp: ☐ YES ☐ NO Signature: _____

For Official Use

Date: _____

Amt. Paid: _____

Cash-Check #: _____