

East Plano Islamic Center

1409 Shiloh RD Ste 170 Plano TX 75074

A Non Profit Religious Organization - General Body Membership Form

Membership # _____

Date : __/__/____

Family Name: _____ First Name: _____ MI: _____ DOB __/__/____

Street Address: _____ Apt: _____

City _____ State __ Zip _____

Home Phone: _____ Cell Phone _____ Office Phone _____ Email Address _____

Profession: _____ Weekly Volunteer Hours: _____

Marital Status: Single Married wife's Name: _____

Children Information

First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F
First Name: _____	Last Name _____	DOB _____	or Age _____	M	F

Donations is the main source of income for EPIC. Each family is encouraged to pay \$100 as membership fees or \$50 as an individual membership fees.

Pledge Information	Credit Card Information	Monthly	One Time
Name	VISA MasterCard	Discover	AMX
Address	Name on Card:		
Apt #	Credit Card Number:		
City	Expiration Date: ____/____	Date Beginning ____/____/____	
State Zip	Signature (required):		
Phone Number	Automatic Withdrawal	Monthly	One Time
Email address	Void Check	Date Beginning ____/____/____	
I give permission to the East Plano Islamic Center to withdraw membership fees from my bank account and/or credit cards each month			

Rules and Regulations

1. This membership entitles you to vote in the BOD and BOT.
2. Should be residence of the following Zip Codes: 75094, 75082,75074,75098,75048 and 75044.
3. This membership entitles you to be eligible for the BOD and BOT membership when elected.
4. This Masjid is run on donations; you must fill out the form above completely based on your ability. We request and encourage everyone to give at least 1% of net income to the Masjid (EPIC) Operations. (all donations tax deductible).
5. You agree to abide by the Constitution of the EPIC completely, and work under the guidance of the BoD & BOT of EPIC.
6. Annual membership dues are: \$100 for families, \$50 for Singles.
7. By signing this membership you forfeit the right to any litigation against EPIC and/or its management. **Any issue may ONLY be resolved by the Texas Islamic Court Arbitration.**

I _____ have read the above and completely agree to abide by all the rules above, and the constitution of EPIC.

Signature Applicant: _____ Date: __/__/____ Amount Paid: _____

Office Use Only

Signature Secretary EPIC: _____ Date: __/__/____ Membership Accepted/ Rejected Expires __/__/____

Notes: _____