

Muslim Community of Folsom

391 S Lexington Drive, Suite 120, Folsom, CA-95630

Membership Application form

New / Renewal (please circle one)

Name:.....

Spouse:

Address :

.....ZIP

E-MAIL:

Phone: (H)..... (C)

Are you over 16 years? ☐ Yes ☐ No

Gender : Male ☐ Female ☐

Children: (To develop age-appropriate programs for children):

1) Name:Age:Gender.....

2) Name:Age:Gender.....

3) Name:Age:Gender.....

4) Name:Age:Gender.....

Check here ☐ if any child over 16yrs old in your family would like to become a member

Are you interested in volunteering for MCF activities? ☐ Yes ☐ No

If yes, please state your area of interest: e.g. Tutoring, youth sports coaching, Sunday school, construction, etc

.....

I would like to make a monthly donation of \$___ towards MCF.

MCF treasurer will contact you with setup details

Disclaimer: I, the undersigned declare that I have read the conditions of the membership criteria in the MCF Bylaws, sent on MCF news group, and I am in compliance with all of them.

Signature:Signature Spouse.....

Date : Date :

Note: A proof of residence and ID may be requested to verify the above details.

Examples of this: Driver license card, SMUD/PGE utility bills, etc

OFFICE USE ONLY DO NOT WRITE HERE

Approved: Yes ☐ No ☐

ID:

Instructions to fill the form:

1. Please complete **one form** for the whole family. In other words, a husband, wife and children over the age of 16 can all apply for membership using the same form. They will each be assigned a unique membership ID.
2. Return the completed form to the contacts below. You can find them usually during Isha salaah in MCF Musallah or during Juma.
3. Incomplete forms will delay processing and risk being returned.

If you have any questions, please email or call:

news.mcf@gmail.com or 916-850-0786