MCNJ
Muslim Community of New Jersey

MCNJ MEMBERSHIP APPLICATION FORM

MCNJ Member ID: [ ] **New [ ]** **Renewal: [ ]**

Applicants First Name _____ Middle Name _____ Last Name _____

Spouse First Name _____ Middle Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Fees:

Membership Fees Family ($100/year): _____ **[ ] Cash [ ] Check #_____**

Membership Fees Single ($50/year): _____ **[ ] Cash [ ] Check #_____**

US Residential Status

US Citizen: [ ] US Permanent Residence: [ ] Other _____

Please make check payable to **MCNJ** and write **"Membership"** in memo area.

The undersigned applicant(s) hereby agree and testify that:

1. I/We bear witness that there is no God but ALLAH (SWT) and MUHAMMAD (peace be upon him) is His messenger.
2. We concur with the objectives and mission of the MCNJ and will abide by the Constitution and the ByLaws as they exist and are amended;
3. Our membership has not been terminated for cause by any Islamic Organization;
4. I/We are not under any criminal indictment;
5. I/We are over the age of eighteen (18) years

Signature: _____ Dated: _____

MCNJ is a 501c(3) Non Profit Organization. All donations are tax exempt

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