



MEMBERSHIP FORM

PART I: MEMBER INFORMATION

* First Name:	* Last Name:
* Address:	Apt#:
* City:	* State/Zip:
* Phone:	Email:
Profession:	Volunteer your professional services to NUI? Yes No

PART II: MEMBERSHIP DUES \$25 / month [Select One method of payment]

<input type="checkbox"/> Automatic Monthly Deposit (ACH)	<input type="checkbox"/> Credit Card Payment (PayPal)	<input type="checkbox"/> *Check/Cash
Bank Name:	Name on card:	*If paying via check/cash, member MUST retain all receipts as proof of timely payments and good standing membership. Any dues not recorded properly will be considered general donations.
Account #:	Credit Card #:	
Routing #:	Expiration Date	

Declaration: With Allah ﷻ, Lord of the Worlds and Sovereign of the Day of Judgement, as my witness, I affirm that: I bear witness that there is no God except Allah ﷻ and that Muhammad ﷺ is the messenger and servant of Allah ﷻ. I am 18 years old and I have studied the Constitution and Bylaws of Nida-Ul-Islam and do hereby pledge that I shall fully abide by its provision, In-Shā-Allāh at all times.

By signing this form, I declare my allegiance with the constitution of Nida-Ul-Islam. I also agree that as per the constitution I will fulfill any responsibilities given to me to the best of my ability.

I hereby authorize Nida-Ul-Islam to charge the membership fee on the _____ day of every month

Member Signature:

Date:

For Office Use Only

Accepted by:
Signature:

Date: