



**ISLAMIC SOCIETY OF LAWRENCE**  
1917 Naismith Dr., Lawrence, KS 66046  
**INDIVIDUAL MEMBERSHIP APPLICATION**

**2010**

\_\_\_\_\_  
Please Print      Last Name      First Name      Middle

**I agree to include my name & contact information in the Community Directory to be printed and distributed to all members.**     Yes     No

New Member     Re-newing Member     Dues Paid (\$25)     Request waiver

If new member, please complete the application

If renewing member, Did any information change since last time?    Y  N

If yes, please complete new info in application. If no, please sign application at bottom and submit.

**Mailing Address** \_\_\_\_\_

**Telephone:** H. \_\_\_\_\_ W. \_\_\_\_\_ Cell \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

*Spouse's name is listed for records only and is not considered his/her application for membership*

**Emergency Contact Name** \_\_\_\_\_ **Ph.** \_\_\_\_\_

**Name of Reference in Lawrence Muslim Community:** \_\_\_\_\_

| Children's Name (s) | Gender  | Date(s) of Birth |
|---------------------|---|------------------|
| _____               | M <input type="checkbox"/> F <input type="checkbox"/> | _____            |
| _____               | M <input type="checkbox"/> F <input type="checkbox"/> | _____            |
| _____               | M <input type="checkbox"/> F <input type="checkbox"/> | _____            |
| _____               | M <input type="checkbox"/> F <input type="checkbox"/> | _____            |
| _____               | M <input type="checkbox"/> F <input type="checkbox"/> | _____            |

**Resident in Lawrence since:** \_\_\_\_\_ **Member Since:** \_\_\_\_\_

**My signature below indicates my confirmation that the information above is true to the best of my knowledge, that I wish to be considered for membership of the Islamic Society of Lawrence, and that I meet all the requirements of membership stated in the ISL constitution and By-Laws, which I agree with and promise to uphold.**

\_\_\_\_\_  
Signature      Date

The application for ISL membership and the membership dues have been received by me the undersigned, from

\_\_\_\_\_ on \_\_\_\_\_ to be submitted to ISL membership committee

and board for approval. Dues were paid by:  Check No. \_\_\_\_\_  Cash

\_\_\_\_\_  
*Print name of person receiving application & dues*

\_\_\_\_\_  
*Signature of person receiving application*

\_\_\_\_\_  
*Date*

**For ISL Office use ONLY:**

**Date Application Processed:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Form of Payment:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**ISL Membership #:** \_\_\_\_\_ **Membership starts on:** \_\_\_\_\_  
*Date*

**Signature of Person Processing Application:** \_\_\_\_\_