Islamic Center of the Quad Cities
Moline, IL

Membership Application: Islamic Center of the Quad Cities is a member run organization abiding by its constitution and run by various committees under the guidance of an elected Board of Trustees. Your membership application is a significant first step towards the fulfillment of the objectives of ICQC.

Membership Qualifications:

- Be a Muslim living in the Quad Cities or one of its vicinities, in good standing in the community.
- Be 18 years or older.
- Must accept the objectives of ICQC described in Article II of its constitution: To establish and maintain facilities for practice of religion of **ISLAM** in accordance with the teachings of the Holy **QUR'AN** and **SUNNAH** of Prophet Mohammed *(peace be upon him)* as elaborated by his companions and four Imams of *Ahlu-Assunnah Wal Jama'ah.*
- **EITHER** attend regularly in at least one or more of the following:
  (i) Congregational prayer
  (ii) Quranic study circle (*tafseer*)
  (iii) Educational activities
  (iv) Dawa activities
  (v) Volunteer activities organized by ICQC
  OR have financially contributed a fair share of their annual income.

Membership Privileges:

- Have opportunity to participate in decision making steps that help realize the objectives of ICQC.
- Have voting privilege to elect members of the Board of Trustees and other officers.
- Eligible to be elected to the Board of Trustees.
- Eligible to chair standing committees.
- Have special rates for facilities rental.

Membership Fee:

- $20 per year
- Additional members of the household- $5 each
- Fee is payable at the beginning of the year or at the time of application of membership.
- Reduced fee or waiver of fee is allowed based on income guidelines. Please state in the application if considerations should be given.

Name: (upper case) _____ _____ _____
First Middle Last

Preference for addressing: (select one): ___ Br. ___ Sr. ___Mr. ___Mrs. ___Dr. ____Prof. _____ other(specify)

Address: _____ _____ _____ _____
Street City State Zip code

Phone: _____ _____ _____
Home Mobile Fax

e-mail: _____ _____

Other Household Members - Relationship	First Name	Last Name	Check yes For membership
Spouse			

_____ _____
(signature) date

_____ Check if consideration should be given for reduced fee or waiver of fee.