



In the name of Allah, the Most Beneficent, the Most Merciful

LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357- 9060

www.limsinfo.org; Email: longislandmuslimsociety@gmail.com

LIFE MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:		
Are you 18 years or older? Y___N__	Email 1:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Cell 1 #	Cell 2 #	Email 2:

SPOUSE INFORMATION (JOINT LIFE MEMBERSHIP)

Name:		
Are you 18 years or older? Y___N__	Email:	Cell Phone:

TWO REFERENCES (MUST BE TWO LIMS MEMBERS)

Name	Address & Phone	Signature

SIGNATURES

I/We hereby apply for the Life Membership status. I agree to abide by the constitution and by-laws of the society. I am a legal resident and/or citizen of the United States of America. A non-refundable one time life membership fee of \$1,000.00 is enclosed in a check/money order payable to Long Island Muslim Society.

Signature of applicant:	Date:
Signature of spouse (for joint membership):	Date:

FOR LIMS OFFICE USE ONLY:

DECISION & SIGNATURE OF APPROVING OFFICERS

APPLICATION STATUS : APPROVED _____ DENIED _____

Name & Signature of President:	Date:
Name & Signature of Secretary:	Date: