ISLAMIC SOCIETY OF CENTRAL VIRGINIA

Membership Application 2008

(One application per member)

Membership Status (please check one):

_____ Non-student ($25.00 due)

_____ Student (UVA or PVCC) ($10.00 due)

Membership dues may be paid by check or cash. Make checks payable to ISCV and write "Membership" in the memo section. Please put form and payment in a sealed envelope and mail to the address below. Or, drop the envelope in to the Membership Form drop box.

Applicant Information:

Full name of applicant: _____

Age of applicant: _____ Gender: _____

Spouse's name: _____

Address:

Street:_____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Telephone Number:

Home: ( ) _____ Work: ( ) _____ Cell: ( ) _____

Language spoken: ___ English ___ Arabic ___ Persian ___ Urdu Other: _____

*Nationality (optional): _____ *Occupation (optional): _____

Applicant's Signature: _____ Date: _____

* Information on nationality and occupation would allow ISCV to refer interested parties from the Muslim community for any professional service or voluntary assistance that you're willing to provide.

ISCV Membership Mailing Address:

ISCV – Membership
P.O. Box 3403
Charlottesville, VA 22903

Election Committee Use	
Date received:	Signature of receipient: