



Membership Application Form

January 1st, 2020 - December 31st, 2020

Last Name(s) of Adult(s): _____

First Name(s) of Adult(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (C): _____ Phone (H): _____

E-mail Address: _____

Number of dependent children under the age of 18: _____

Annual membership dues per individual or family (husband and wife).

\$45.00: Individual adult (over the age of 70 years of age)

\$65.00: Individual adult

\$100.00: Family (includes children under 18 years of age)

Free: College Student with a copy of Student ID

Free: Members with Exempted Fee (attach a written request)

Islamic Society of Carroll County
3100 Littlestown Pike
Westminster, MD 21158