

ISLAMIC CENTER OF BOSTON

126 Boston Post Road, Wayland MA 01778 USA

Phone: 508-358-5885

Web Page: www.icbwayland.org

ICB MEMBERSHIP RENEWAL FORM FOR YEAR: 2024-2025

In order to renew or apply for new ICB membership for the next financial year, please complete and sign this application and mail with your membership donation to the address above (see schedule of membership donations given below). If your previous membership information is included below, please review and make any corrections that are necessary. By signing below, you confirm the accuracy of this information.

Secretary, Islamic Center of Boston

secretary@icbwayland.org

MEMBER:

Name First Member _____ Middle Initials _____ Name Last _____

Profession _____ Email Address _____

Home Phone _____ Mobile Phone _____ Work Phone _____

SPOUSE:

First Name _____ Middle Initials _____ Last Name _____

Profession _____ Email Address _____

Home Phone _____ Mobile Phone _____ Work Phone _____

HOME

ADDRESS:

Number And Street _____ Apartment _____

City _____ State _____ Zip _____

PRIMARY COMMUNICATION Method: (PLS CHECK) Email:

Mail:

COMMENTS:

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MEMBER'S SIGNATURES: _____ DATE: _____

MEMBERSHIP ID: _____

SPOUSE'S SIGNATURES: _____ DATE: _____

MEMBERSHIP ID: _____

IMPORTANT

PLEASE

NOTE

1. Family (up to two regular adult individual members) donation is \$200.00 per year.
 2. Single (one regular adult individual member) donation is \$100.00 per year.
 3. Youth (18yrs+ student & children of regular adult member) donation is \$50.00 per year.
 4. Center's financial year runs from September through August of the next year.
 5. Membership donations are due when registering for Sunday School.
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