



Membership Application

| Applicant Information (all fields are required) | | |
|---|------------|-------------------|
| This application is for: [<input type="checkbox"/>] New membership [<input type="checkbox"/>] Membership renewal | | |
| First Name: | Last Name: | |
| Phone: | Email: | |
| Current address: | | State: _____ |
| City: | Zip Code: | Apt: _____ if any |
| Are you 16 years or older? ____ Yes ____ No Date of birth, if younger than 16 years: MM/DD/YYYY | | |
| <p>A Member is a contributing person who abides by Islamic ethics, abides by Yaseen Foundation's constitution, abides by Foundation bylaws and pays membership dues on time. A member shall testify in the basic beliefs of Islamic faith specifically: Belief in Allah (SWT), belief in Muhammed (SAW) as his servant and the last messenger, belief in the Books of Allah (SWT), belief in the angels, belief in the Day of Judgment and belief in Qadha and Qadr.</p> <p>There are two types of membership: Resident Members and Honorary Members. A RESIDENT member a) Must be at least 16 years old. b) Must be a resident of San Francisco Bay Area. c) Must pay the membership dues set by the Executive Committee. An HONORARY member a) Must pay the membership dues set by the Executive Committee.</p> | | |

| Sponsorship and Membership choice | | Choice of Payment Methods |
|--|---|--|
| Sponsor Membership | <input type="checkbox"/> Platinum Minimum \$100 Monthly, amount \$ _____ <input type="checkbox"/> Gold Minimum \$50 Monthly, amount \$ _____ <input type="checkbox"/> Silver Minimum \$20 Monthly, amount \$ _____ | Direct debit (provide voided check), Credit Card, or one year value in cash or check |
| Membership Only | <input type="checkbox"/> Basic 1 Year (\$25) _____ 2 Years (\$50) _____ <input type="checkbox"/> Sponsor only, I opt out of membership | Credit Card, cash or check |

| Signature | |
|--|--------------------|
| <p>I, the undersigned, hereby apply for membership with Yaseen Foundation. I agree to abide by Yaseen's constitution, its by-laws, exemplify the best of Islamic manners and do my utmost to preserve the community unity and its assets. I understand that acceptance is subject to approval. I understand that all members are eligible to vote only after transitioning through 90 days (from date of application approval) as per Article XII, Section 4 of the Yaseen Constitution. I understand that I can't nominate myself to an official position and to be nominated by others for Executive Committee office I must be a member of the foundation for the past one year as per Article V, Section 5 of Yaseen Constitution. I agree to notify Yaseen Foundation of any changes to my address. I certify that the information above is true to the best of my knowledge.</p> | |
| Signature of Applicant: | Date (mm/dd/yyyy): |

PLEASE complete information on the back ...



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| Payment Information (choose a payment option as applicable to membership choice*) | |
|---|---|
| <p>Credit Card: Name on card (First, Last) _____ Card: _____ Visa _____ Master Card _____ AmEx; Other _____ Card number: _____ Expiration date (mm/yyyy): ____ / ____ CCV: _____</p> <p>Card Billing Address, if different from member address: Street: _____ Apt: _____ City: _____ State: _____ Zip code: _____</p> <p>I authorize: <input type="checkbox"/> one time payment <input type="checkbox"/> monthly payments*</p> | <p>Other:</p> <p><input type="checkbox"/> Recurring direct debit* ____ Included voided check</p> <p><input type="checkbox"/> Paid in check \$ _____</p> <p><input type="checkbox"/> Paid in cash \$ _____ ____ I received receipt</p> <p><input type="checkbox"/> Call me</p> <p><input type="checkbox"/> Made a donation, please waive my fee</p> <p><small>* monthly payment is required for sponsorship</small></p> |

| | |
|---|---------------------|
| Optional: please help us serve you better! | Field of expertise: |
| Employer: | Job title: |
| Number of family members in the same address: _____ and number by age group: ____ 0-2 years ____ 3-5 ____ 6-10 ____ 11-13 ____ 14-18 ____ 19-25 ____ 26-35 ____ 36-60 ____ 60 and up | |
| <input type="checkbox"/> Please consider me for a volunteer position. List areas of interest, if any: | |

| For Internal Use Only | | |
|---|------------------|-----------------|
| Reviewed by | Signature | Date |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Dues paid: _____ | Membership ID # |
| Membership type: ____ RESIDENT ____ HONORARY | | |
| Reason and notes: | | |