



Applicant Information (all fields are <u>required</u>)	
This application is for: [<input type="checkbox"/>] New membership [<input type="checkbox"/>] Membership renewal	
First Name:	Last Name:
Additional family members (First Name, Last Name):	
Phone:	Email:
Current address:	Apt:
City:	Zip Code:
Are you 16 years or older? ____ Yes ____ No	
<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 Muhammad (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>	

Membership or Sponsorship		Choice of Payment Methods
Membership Only	<input type="checkbox"/> 1 -Year (\$50) <input type="checkbox"/> 2-Years (\$100) Total # Individuals applying for membership (including yourself) ____	Credit card, cash, check, PayPal, or Square
Sponsorship Only	<input type="checkbox"/> <i>Sponsor only, I opt out of membership</i> <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, PayPal or one year value in cash or check

PLEASE complete information on the back...

Signature

I, the undersigned, hereby apply for membership with Yaseen Foundation consenting for all individuals specified on this form. 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.

Signature of Applicant: _____

Date (mm/dd/yyyy): _____

Payment Information (choose a payment option as applicable to membership choice*)

Credit Card:

Name on card (First, Last) _____

Card: Visa Mastercard Amex Other _____

Card number: _____

Expiration date (mm/yyyy): ____ / ____ CVC: _____

I authorize: **one-time payment** **monthly payments***

*** Please fill in section to the right with total amount(s) contributed.

Other:

Paid in **cash** \$ _____

Paid in **check** \$ _____

Paid via **PayPal** \$ _____

_____ I received receipt

Paid via **Square** \$ _____

_____ I received receipt

Made a minimum \$200 yearly donation, please waive my fee

Call me

Recurring direct debit*

_____ Included voided check?

*monthly payment is required for sponsorship

To pay via PayPal: Yaseen.org/donate

(Please select Membership/Sponsorship in the drop-down list)



For Internal Use Only

Reviewed by:	Signature:	Date:
_____ Approved _____ Denied	Dues paid: _____	Membership ID #
Membership type: _____ RESIDENT _____ HONORARY		