



964-984 Magie Avenue Elizabeth, NJ 07208  
 (908) 965-1001      www.mccuc.org      Tax ID: 22-3561412

### Membership Application Form

Name: \_\_\_\_\_  
First      Middle      Last

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I, the above mentioned, do hereby solemnly declare that I am Muslim, that I have a firm belief in the oneness of Allah (the Most Glorified, the Most High) and in the Holy Prophet Muhammad (upon whom be peace) as the Messenger and final Prophet of Allah (the Most Glorified, the Most High). In completing this application, I affirm my wish to become a permanent member of the Muslim Community Center of Union County, Inc. (further referred to as 'MCCUC'), and agree to abide by the rules and regulations set forth in the constitution, by-laws, amendments, and any other regulatory decisions made by the MCCUC's Board of Directors that are in place today and to any decisions that may be made in the future. I further commit myself and pray to Allah (the Most Glorified, the Most High) to help me practice and promote the cause of Islam.

I further declare that I follow the way (*firkah*) of **Imam Abu Hanifah (Hanafi)**, and I believe and practice Islam in the way of **Ahl-us-Sunnah w'al Jamaat**, while still according the proper respect to the remaining three main paths of Islam (*Maliki, Shafi'i, and Hanbali*). I neither practice nor follow the *Ahl-i-Hadith* or the *Deobandi* ways of Islam.

I make a pledge and pray to Allah (the Most Glorified, the Most High) to give me the means (*taufeeq*) to offer Jummah and weekend prayers (*salaat*) in the masjid at least two times a month.

I agree to pay a sum of \$250.00 USD (two hundred and fifty dollars), on an annual basis, as my membership fee as the head of a household. I affirm my understanding that, should I fail to pay my dues at least 6 (six) months prior to a general election, my membership will be automatically revoked without further notice or recompense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Family Members:

DO NOT WRITE BELOW THIS LINE. OFFICIAL USE ONLY.

Comments: \_\_\_\_\_

Approved       Denied

Application Received Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Role: \_\_\_\_\_ Date: \_\_\_\_\_