



In the name of Allah, the Beneficent, the Merciful

Islamic Center of Long Island

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Membership Application Form

Type of Membership: New Renewal

Membership Dues Category

Single 2 Year \$175 3 Year \$255 6 Year \$500 10 Year \$800

Married 2 Year \$275 3 Year \$385 6 Year \$760 10 Year \$1,350

Senior 2 Year \$150

Student 2 Year \$150

Name & Address Ms. Mrs. Mr. Dr.

Name (Last, First, Middle) _____

Address (St, City, State, Zip) _____

Telephone # _____ Cell _____ Email _____

Employer/Occupation _____

Spouse Details

Name (Last, First, Middle) _____

Telephone # _____ Cell _____ Email _____

Employer/Occupation _____

Declaration: I am a Muslim who believes and declares that there is no one to be worshipped except Allah (SWT) and that Muhammad (PBUH) is His final Messenger and Prophet. I am 18 years or older and reside in the City of New York or the counties of Nassau or Suffolk in the State of New York. I accept and agree to abide by the provisions of the Islamic Center of Long Island (ICLI) constitution and by -laws whose guiding principles are the vision that ICLI be a center of excellence for developing and sustaining a progressive, vibrant Islamic community and a nurturing environment for the society at large and the mission that ICLI serve and engage Muslims by promoting values and teachings of Islam and to advocate inter-faith harmony in a multi-cultural environment in accordance with the Holy Quran and Sunnah.

Signatures Date _____ Date _____

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Membership Expiring on _____

Please send completed Membership Application to the address indicated above. We thank you for your application and support for ICLI. ICLI's Governance and Grievance Committee will review and approve your membership. Inshallah, you will be notified within 2 weeks of your membership status.