

THE ISLAMIC SOCIETY OF COLORADO SPRINGS
P.O. Box 50375, Colorado Springs, CO 80949, U.S.A.
Tel: (719) 632-3364
<http://www.isocs.org>
MEMBERSHIP APPLICATION FORM

<i>Legal First and Middle Names</i>			
<i>Legal Last name</i>			
<i>Muslim Name (if different)</i>			
<i>Age above 18?</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No
<i>Male/Female?</i>	<input type="checkbox"/>	Male	<input type="checkbox"/>
			Female
<i>School of thought?</i>	<input type="checkbox"/>	Sunni	<input type="checkbox"/>
			Other
<i>Date began residence, job or business in Colorado Springs / El Paso County? Three months presence required to vote.</i>			

<i>email</i>	
<i>cell / text Telephone number</i>	
<i>Home Telephone</i>	
<i>Office Telephone</i>	
<i>House and Street Address</i>	
<i>City, State and Zip Code</i>	

I hereby apply for membership of the Islamic Society of Colorado Springs. I declare that the above information is correct to the best of my knowledge. I agree to abide by the Constitution and Bylaws of the Islamic Society of Colorado Springs.

Signature: _____

Date: _____

<i>For ISCS Use Only:</i>	<i>Non Voting Membership</i>	<i>Voting Membership</i>
<i>Approval</i>		
<i>Effective Date</i>		