



1111 Braswell Road, Marietta, GA 30062

[www.ec-ic.org](http://www.ec-ic.org)

**MEMBERSHIP APPLICATION FORM (1 of 2)**

You do not need to fill this form if you were an approved member in 2018 or later. Your membership will be automatically renewed for subsequent years upon payment of the corresponding dues. If your residency status changes at any time, please inform ECIC.

I/We, the applicant(s) for membership of ECIC have read and understood the requirements listed below for ECIC membership and indicate our agreement by signing below. Refer to section III (A-C) of the Constitution & Bylaws. By affixing my/our signature(s) below, I/We agree to abide by the Constitution and By-laws of ECIC.

1. **For eligibility requirements for membership**, please refer to the Constitution & Bylaws published on the ECIC Website ([www.ec-ic.org](http://www.ec-ic.org))

**2. Types of Membership:**

a. **Regular Member** – Individuals meeting eligibility and are above the age of 18, who have duly completed their application and paid their dues. They have voting rights provided they have paid their dues for the current year and meet all eligibility to vote.

b. **Junior Member** – Individuals meeting the eligibility criteria, but are less than 18 years old. No dues are required. As junior members, they are ineligible to vote.

3. **Membership Dues:** Membership dues are 25 dollars a month per member. Dues may be paid in advanced for the entire year (ending in December) or on a monthly basis (due before the 15th of the month). If you are making a monthly donation to ECIC operation, your contributions to ECIC may be counted towards a part or whole of your membership dues (for you and/or members of your family only). If anyone has financial difficulty in paying the stipulated membership fee, a reduction or waiver of fee can be approved by the board on a case by case basis in exchange for specific ECIC community service.

**Name:** \_\_\_\_\_ **Age:** > 18yrs Y/N M/F

**Email:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Age:** > 18yrs Y/N M/F

**Email:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Member 1:** \_\_\_\_\_ **Age:** > 18yrs Y/N M/F

**Email:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Family Member 2:** \_\_\_\_\_ **Age:** > 18yrs Y/N M/F

**Email:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home/Cell#:** \_\_\_\_\_

**Total Monthly Membership Fee Due:** \$ \_\_\_\_\_ (**\$25 x # of member over 18yrs**)



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**MEMBERSHIP APPLICATION FORM (2 of 2)**

Non-members shall have all privileges accorded any Muslim who enters the precincts of the Masjid except the right to vote and to serve on the ECIC Executive committee (EC) or Board of Trustees (BOT).

**FOR OFFICIAL ANNOTATIONS BELOW THIS LINE**

- Monthly donation \_\_\_\_\_ (Recommend \$150/family)
- Annual membership dues met on (date): \_\_\_\_\_
- Reviews and recommended by EC/MC: Initial:\_\_\_\_\_
- Approved by Board on (date): \_\_\_\_\_

**AUTOMATIC DEDUCTION FORM**

I (we) pledge a monthly donation of \$ \_\_\_\_\_ to be automatically deducted on the **10th** of every month from my bank account.

Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_

**\*\*Please attach a voided check\*\***

I give permission to ECIC to withdraw the amount indicated above every month. I will provide a written notice of change or termination.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: For payments by credit card please contact the treasurer, or visit the ECIC website: [www.ec-ic.org](http://www.ec-ic.org)