

Islamic Society of New River Valley (ISNRV)

1284 Main Street, Blacksburg, VA 24060

MEMBERSHIP APPLICATION

Year _____

- New
 Renewal *(Only changed information is needed)*

Name:

Status: Single
 Married

Occupation:

Student School: _____ Department: _____
 Professional Job: _____ Company: _____

Email:

Phone:

Address: _____

References (2 ISNRV Members):

1. _____
2. _____

Person to contact in case of emergency: _____

Tel: _____

**I profess that there is no God but Allah
 and Mohammed (p.b.u.h) is His last Messenger and Prophet**

Signature: _____ **Date:** _____
(Required)

ANNUAL FEES: Student Single - \$10.00 Family - \$10.00
 Professional Single - \$50.00 Family - \$75.00

Method of Payment: Cash Fee Waiver Requested
 Check *(Please make checks payable to ISNRV, Inc.)*

FOR OFFICE USE ONLY Date Received: _____

Action taken: _____

Membership committee: _____ Date: _____