



Muslim Mosque Association

411 • V Street • Sacramento • California • 95818

www.jamimasjidsacramento.org

MEMBERSHIP FORM FOR REGISTRATION

1. Last Name:		First Name:		Middle Initial:	
2. Resident Address:					
Street Name	Apt. #	City	State	Zip	
3. Mailing Address: (If different from above)					
Street Name	Apt. #	City	State	Zip	
4. Drivers License Number (Or identification Number):			5. Date of Birth:		
			__ / __ / __		
6. Phone Number:		7. Email Address (Optional):			
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8. Household Members					
Last Name:	Middle Initial:	First Name:	ID #:	Date of Birth:	Signature:

QUALIFICATIONS:

1. Must be a Muslim believing in the unity of Allah and the finality of Prophet Muhammad (PBUH).
2. Must be 18 years old at the time of submitting the application.
3. The person must be living in the Sacramento County and participate actively in the events of the Mosque. Also fulfill the requirements set forth in the by-laws.

X

Signature (or mark) of Applicant

Date