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**A. Personal Information:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ e-mail: \_\_\_\_\_

Current Profession \_\_\_\_\_ ID No. (Driving License): \_\_\_\_\_

Gender:  Male  Female Age Group:  18-30  26-40  40-60  Above 60

I, the undersigned, am a legal resident in the State of Washington and applying for voting membership of the Islamic Center of Kent. If granted, I pledge to follow the constitution, By-laws, and other terms and conditions of the ICK.

Until revoked by me in writing, I hereby authorize the ICK to automatically withdraw from my bank account on 20<sup>th</sup> day of the month a monthly membership contribution of:

\$10 (minimum),  \$20,  \$50,  \$100,  \$500,  \$1,000,  others: \$ \_\_\_\_\_

Please attach a void check with the Form.

Bank Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Referee's Information**

Name: \_\_\_\_\_

Position in the ICK:  Trustee  Executive Committee Member  Imam

The applicant is personally known to me and I recommend the applicant for membership to ICK.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

C. **ICK Official Use** :  Approved  Rejected

Signed by: \_\_\_\_\_  
President, ICK Executive Committee

Date: \_\_\_\_\_