



Non-Profit and Tax-Exempt Organization
 6401 Independence Parkway, Plano, Texas 75023
 Tel: 972-491-5800 Fax: 972-208-648 Website: www.planomasjid.org

IACC Membership Form

LAST NAME: _____ FIRST NAME: _____ M _____ Date: ___/___/___

ADDRESS: _____ APT: _____

CITY: _____ COUNTY: **COLLIN** STATE: **TX** ZIP CODE: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

HOME PHONE: (____) _____ E-MAIL ADDRESS: _____

WORK PHONE: (____) _____ CELL: (____) _____ SPOUSE E-MAIL: _____

I declared that I am an adult Muslim and will abide with the rules and regulations of IACC Constitution as long as they are in conformation with Qur'aan and Sunnah of prophet Mohammad (PBUH), further I declared that I am a Sunni Muslim..

Signature _____ Date: _____

OPTIONAL (To better serve our community, the following information is highly desirable)

NUMBER OF CHILDREN: _____ PROFESSION: _____

COUNTRY OF ORIGIN: _____

DEPENDENT INFORMATION:

NAME	Year of Birth	Relationship

FOR OFFICIAL USE

Membership #: _____ Data Entry Date: _____

Data Entered by: _____

NOTE: All dependents over 18 years must registered a separately