

**FAMILY MEMBERSHIP REGISTRATION –**

**PLEASE EMAIL TO secretary@mapsredmond.org**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Contact Information**

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| --- | --- |
| Email:  |  |
| Phone Number(s):  | Address: |

 **Family Member(s):**

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| --- | --- | --- | --- |
| **MEMBER'S NAME** | **OVER 18?** | **GENDER** | **EMAIL** |
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**Membership Eligibility and Requirements - MEMBERSHIP SIGNATUREPlease see MAPS Bylaws at www.mapsredmond.org for complete requirements.**

1. All Muslims who reside in King, Snohomish or Pierce Counties and are in full agreement with the purpose of the Association and core Tenets of the Association.
2. A VOTING member must be eighteen (18) years of age or older and be FULL members for at least 180 days
3. A member must complete and sign the membership form and pay the membership fee which is $50 per application. The membership fee is waived for those who sign-up for automatic monthly donation.
4. The term of membership is two years and must be renewed at the end of the two year period.
5. A member whose dues are in arrears loses the right to vote or run for election to the Board of Directors as long as he/she is in such arrears.

By signing below, I acknowledge that I have read and agree to the Muslim Association of Puget Sound By Laws and Membership responsibilities at http://www.mapsredmond.org. I agree to commit myself to upholding the MAPS By Laws and act as a model citizen of our community to uphold and support the MAPS By Laws.

**Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Office Use:**

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| Recurring Contribution  | One-Time Contribution  | Exempt  |