



In the Name of Allah, Most Gracious, Most Merciful

Muslim Association of Lehigh Valley

1988 Schadt Avenue • Whitehall PA 18052

Telephone: 610-799-6224 • Web : www.malv.org

Membership Application

All fields marked with an asterisk* MUST be filled

* New Member or Renewing Member * Year : _____

* Membership Type : Voting Family — must be a Muslim (Donation \$300.00 per calendar year—Jan to Dec)
 Voting Single — must be a Muslim (Donation \$150.00 per calendar year—Jan to Dec)
 Non voting — resident of Lehigh Valley (Donation amount as per member)

* Complete Name :

First Name Middle Name Last Name

Spouse's Name :

First Name Middle Name Last Name

* Home Address :

Street Address Apt # (if applicable)

City State Zip Code

Occupation : _____

Spouse's Occupation : _____

* Home Phone : _____

Work/Cell Phone : _____

E-Mail Address : _____

Other Family Members (living at the same address) :

Name	Date of Birth	M/F	Relationship

I understand that becoming a member obligates me to actively participate in MALV operational activities and attend all meetings which require quorum. I bear witness to Allah that there is no God but Allah, and Muhammad (pbuh) is the last messenger of Allah.

Signature _____

Date _____

MALV Management Use Only

ID: _____

Recorded by : _____

Date : _____