



Membership Form

Name: _____ Profession: _____ accept elected position if nominated

Name of spouse: _____ Profession: _____ accept elected position if nominated

Address: _____

City: _____ State _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

<u>Children:</u>	<u>DOB</u>	<u>DOB</u>
1. _____	_____	2. _____
3. _____	_____	4. _____
5. _____	_____	6. _____
7. _____	_____	8. _____

I have the skills to help with the following projects:

Educational Social Publication IT Construction Maintenance Public relations other _____

I have read and I understand the bylaws of Alhuda Foundation (posted on WWW.AlhudaFoundation.Org)

Signature: _____ **Date:** _____

Membership	Family \$360	Individual \$200	Student \$50	Lifetime: \$1000 a year for 5 years in 7 years period
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please check here if unable to pay the above fee. You can volunteer 20 hours a year instead.

Please make your check payable to Alhuda Foundation, P. O. Box 60, Fishers, IN 46038. Your kind donations are tax exempt.

You can also use your credit card to pay your pledges: **(2% processing fee will be charged)**

Amount: \$ _____ one time Monthly for _____ (number of) months

I, _____, (Please print name as appears on credit card) herby authorize the use of the below listed credit card to donate the amount listed above to Al-Huda Foundation. Credit Card Type:

(circle one) Visa or MasterCard

Credit Card number

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Expiration Date: ____ / ____ / ____ **CVC (3or 4 digit security code on back of the card):** ____

Billing Address: _____ **City** _____ **State** _____ **Zip Code** _____

Cardholder Signature _____ **Date** _____