



Greater Lynchburg Islamic Association

A Non-Profit IRS 501(c)(3) Tax-Exempt Organization

Membership Form

Name / Address / Phone / E-mail				
<i>Member's First Name</i>		<i>Middle Name or M.I.</i>		<i>Last Name</i>
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>		<i>Work Phone</i>		<i>Cell Phone</i>
<i>E-mail Address</i>				
<i>Spouse's First Name</i>			<i>Last Name</i>	
Membership Fee / Donation				
<i>GLIA Annual Membership Fee: \$60 One-Time Application Fee: \$1</i>				
Application Fee			\$	
Membership Fee			\$	
Donation			\$	
Total Amount			\$	
Payment Method: Cash: <input type="checkbox"/> Check: <input type="checkbox"/> Check # _____ Please waive: <input type="checkbox"/> (please make check to GLIA)				
Signature				
<i>Member Signature</i>				<i>Date</i>
Optional Information				
<i>Country of Origin:</i>			<i>Profession:</i>	

GLIA Office Use Only

Membership Dues received / waived on _____. Signature: _____

Notes: