

All Dulles Area Muslim Society
PO Box 1085, Herndon, VA 22070
Membership Form

Name & Address

Head of Household: First _____ Middle _____ Last _____

Spouse: First _____ Middle _____ Last _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

City/State/Zip: _____ Email: _____

Children under 18 years of age:

Name	Birth Date	Male/Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership Fees*

Following Membership Fees Are Enclosed (please make check payable to ADAMS):

Head of Household: \$500 for life, or \$30/year for ____ years = \$ _____

Spouse: \$500 for life, or \$20/year for ____ years = \$ _____

Donation (opt): = \$ _____

Total amount enclosed: \$ _____

*If possible, please become a "Life Time Member". ADAMS is under construction and is in need of your help. With lifetime membership there are several benefits including avoiding the hassle of renewing membership each year. Thank you.

Signature

Please accept my/our request to become member of All Dulles Area Muslim Society. I/we agree to abide by the By Laws of ADAMS.

Signature

Date