



ALL DULLES AREA MUSLIM SOCIETY

46903 Sugarland Road, Sterling VA 20164 · Main 703.433.1325 · Fax 703.935.0857

Deferred Future Lifetime Membership Deposit (Minor children)

Parent / Guardian's First Name:	MI:	Last Name:
Address:		
City:	State:	Zip Code:
Parent Email:	Phone:	Cell:
Child's First Name:	MI:	Last Name:
Child's Date of Birth: / / (mm/dd/yyyy)		

Would you like to subscribe to the ADAMS electronic mailing list? Yes No

Deferred Future Lifetime Membership Deposit– Individual - \$1000 (non-refundable)

AFFIDAVIT

By signing below, I/we confirm that I/we have read and agree to abide by the By-Laws* and Articles of Incorporation† of ADAMS. I/we certify that I/we will explain the requirements to the child, and I/we will notify ADAMS when he/she become 18 years of age to process the full membership. The gift deposit will convert to general donation if he/she decline or does not respond by his/her 19th birthday.

Parents/Guardian's Signature:

Type of Payment:	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check #	
<input type="checkbox"/> Credit Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVV2: <input type="text"/> <input type="text"/> <input type="text"/>

Card holder's Signature _____

Date _____

* Please visit https://www.adamscenter.org/?page_id=35 to review the By-Laws

† Please visit www.adamscenter.org to review the Articles of Incorporation

- Form revision date 10/28/20