

Membership Form

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1-On behalf of the _____ Mosque/Organization:

At the Address of: _____

We declare our full membership of the Islamic Association of North America, Inc. (IANA) this decision is based on the unanimous vote of its board of directors/trustees.

2-The _____ Mosque/Organization: is fully prepared to accept the rights and responsibilities offered by the privileges of being a member of Islamic Association of North America Inc.

3-The _____ Mosque/Organization: will not hesitate to implement all the right decisions made by the board of the IANA that neither contradicts nor negates the Qur'an and Sunnah and willfully follow the guidelines and policies laid out by the Board.

4-The _____ Mosque/Organization: will pay membership dues and service fees that have been determined by the IANA Board of Directors.

5- **The Board of Directors/Trustees.** Authorizes for the Islamic Association of North America, Inc. to intervene and become the de-facto mediator in the event of the internal conflict between the members of the Board of Directors/Trustees/Imams. Member Mosque/Organization shall agree that all unresolved disagreements and disputes within Member Mosques//Organization or between Member Mosques/Organization —whether concerning the determination of priorities, employment disputes, or religious matters—must be submitted within thirty (30) days to IANA for final resolution by the IANA Board of Directors. The Islamic Association of North America, Inc. will rightfully exercise the power to present the final decision/resolution that serves the best interest of the center/Organization.

All organizational members must:

- ☒ Submit copies of organization literature which describe the purposes of the organization
- ☒ Have been in business for a period of at least one year
- ☒ Designate an official representative whose decision is binding on the organization
- ☒ Support the mission and goals of the Islamic Association of North America, Inc and pay dues
- ☒ Provide proof of tax exempt status with this application

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A. Organizational Member Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: _____


Principal Location: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Website: _____ Phone: () _____ Fax: () _____

Type of Legal Entity" _____

Inception Date: _____ 

Is the Organization a IRS Tax Exempt? Yes ☐ No ☐

Federal Tax ID: _____

Is the Organization: National ☐ Local Council ☐

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B. Official Organization Representative to Islamic Association of North America, Inc. (IANA)

This person serves in the official organization representative capacity. In addition, if this person represents an organization with voting power, his/her vote shall be binding on the organization.

Designated Official Representative: _____ Title _____


Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone: () _____ Fax: () _____

The signature of the official representative below indicates that the applicant's institution approves joining the Islamic Association of North America (IANA), supports its purposes, and agrees with the decision binding requirement

_____ 

Signature of Official Representative Date

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C. Alternate Organization Representative(s) to Islamic Association of North America

This person takes the place of the official organization representative. In addition, if this person represents an organization with voting power, his/her vote shall be binding on the organization Designated

Designated Official Representative: _____ Title _____


Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone: () _____ Fax: () _____

The signature of the alternate representative below indicates that the applicant's institution approves joining the Islamic Association of North America (IANA), supports its purposes, and agrees with the decision binding requirement.

_____ 

Signature of Alternative Representative Date

D.

Designated Official Representative: _____ Title _____


Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone: () _____ Fax: () _____

The signature of the alternate representative below indicates that the applicant's institution approves joining the Islamic Association of North America (IANA), supports its purposes, and agrees with the decision binding requirement.

_____ 

Signature of Alternative Representative Date

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E. Membership Dues


Membership Monthly Dues: \$500


Check enclosed (payable to Islamic Association of North America)

☐ I authorize the Islamic Association of North America to charge these dues to my Bank Account/credit card.


F. This agreement was signed by the following members of the Board of Directors/Trustees:

1- _____ (Chair/President) _____ 

2- _____ (Imam) _____ 

3- _____ (Secretary) _____ 

G. IANA: In the presence of Islamic Association of North America INC. representatives:

1- _____ (Chair/President) _____ 

2- _____ (Secretary) _____ 