



**ISLAMSKA ZAJEDNICA U BOSNI I HERCEGOVINI**  
**ISLAMSKA ZAJEDNICA BOŠNJAKA SJEVERNE AMERIKE**  
*Islamic Community of Bosniaks in Washington*

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Phone:

Email:

## TYPE OF MEMBERSHIP

**FAMILY OR SINGLE (\$200)**

**LOW INCOME (\$140)**

**REQUEST HEARING WITH THE BOARD**




## FAMILY MEMBERS INCLUDED IN THIS APPLICATION

Please list all other family members who are part of this application. Under one application, there can only be parents and children. All other members have to be reviewed by the ICBW board.

Name	Relationship to the applicant	Email if you wish to subscribe to our mailings

## SIGNATURES

If you specify low income, please provide all necessary documentation indicating that you qualify for that rate. In case you want to request a hearing with the ICBW board, please send us a formal letter stating your request. We will follow up as soon as we can. Checks can be addressed to ICBW and mailed with this application to: **20001 25th Ave NE, Shoreline, WA 98155**

As a member of ICBW I will obey the rules and regulations created by ICNAB and ICBW.

Signature of applicant:

Date:

Signature of spouse:

Date: