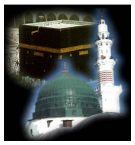
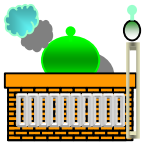


Islamic Center of Kansas

14750 W 143rd St. Olathe, Kansas 66062



ICK Membership Form

☐ **New** ☐ **Renewal**

Full Name _____
First M.I. Last

Spouse _____
First M.I. Last

Profession *(Optional)*_____Spouse Profession *(Optional)*_____

Address *(Required)* _____ City _____State _____Zip _____
(Please provide mailing address. All tax deductible receipts will be mailed to the above address)

Telephone (Home) ( )_____- _____ Telephone (work) (_)_____- _____

Fax ( )_____- _____ Mobil ( )_____- _____

Email address_____

No. of Children_____*(children over 18 must fill a separate membership form).*

I authorize ICK to Include above information in its directory.

Living in Greater Kansas City area or its vicinity, since _____

Member ship dues: Single ☐ $15.00 per year Family ☐ $ 30.00 per year

Total amount enclosed: $_____ Date _____/_____/_____

Form and payment can be **mailed** or **dropped** at the **ICK masjid at 14750 W 143rd St. Olathe KS 66062**.
ICK membership starts on the 01-January every year and ends on 31-December the same year.
ICK Membership is required to vote during the GB meetings and 6 months continuous membership to be able to participate and vote for the Managerial Elections.
Note: ICK membership is non-transferable. ***All donations are tax deductible***
Visit http://www.ickansas.org for the directions to the center and more information.

I/We shall abide by the Bylaws and Policies of the Islamic Center of Kansas.
(Copy of by-laws is available from the ICK office.)

Signature _____ Signature _____
(Primary Member) (Spouse)

For office use only

Membership Start date : _____/_____/ 20____ Expires on (date) **December, 31. 20**_____

Form of Payment: ☐ Cash ☐ Check # _____ ☐ Online thru ICK website

Received by: _____ Date received: _____/_____/_20_____