



SOUTH FLORIDA MUSLIM FEDERATION

Organization Membership Application

BASIC INFORMATION

| | | |
|--------------------|----------|-----------|
| Organization Name: | | |
| Email: | Website: | Phone: |
| Address: | | |
| City: | State: | ZIP Code: |

CONTACT INDIVIDUALS

| | | |
|--------------------------|------------|--------|
| Primary contact | Full name: | Title: |
| | Email | Phone: |
| Secondary contact | Full name: | Title |
| | Email | Phone: |

DESCRIPTION

| | |
|---------------------|--------------------|
| Organization Type: | |
| Organization Age: | Is it 501c3 (Y/N): |
| Primary Activities: | |

Please indicate which Federation objectives you can offer volunteer hours towards, and how many hours (per week):

- | | | | | |
|----------------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Social Service Consortium | <input type="checkbox"/> Safety & Security | <input type="checkbox"/> Non-profit trainings | <input type="checkbox"/> Youth Empowerment |
| <input type="checkbox"/> Family Day | <input type="checkbox"/> United Prayer | <input type="checkbox"/> Digital Communication | <input type="checkbox"/> Council of Islamic Schools | <input type="checkbox"/> Central Zakat Database |

FEDERATION MEMBERSHIP FEES

| | | |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Small (\$100/month) | <input type="checkbox"/> Standard (\$250/month) | <input type="checkbox"/> Large (\$500/month) |
| Desired Payment Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually | Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Auto-Debit | |
| (For Auto-Debit): Bank Account Number | Routing Number: | |

For Checks, please make out to South Florida Muslim Federation, Inc. Mail to P.O. Box 139, 6574 N. State Road 7, Coconut Creek, FL 33073

I, the undersigned individual, and the organization applying for membership, agree to abide by the bylaws of the South Florida Muslim Federation Inc. ([Click here](#) to review the bylaws)

| | |
|-------------------------------|-------|
| Signature of Primary Contact: | Date: |
|-------------------------------|-------|