

Chagrin Valley Islamic Center Membership Form

Full Name: _____

Spouse: _____

Children (Name & Age):

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Type of Membership: Individual (\$50) Family (\$100)

Donation: _____

Total: _____

Method of Payment: Cash Check Bill Me Later

I hereby understand that, as a member of Chagrin Valley Islamic Center, I have read and will uphold all clauses of the adopted Constitution and By-Laws of the organization. If I disagree with any clause of these documents, I will follow the course of action established in these documents to amend or change said documents. I will not bypass the Constitution, By-Laws, and Chagrin Valley Islamic Center and try to arbitrate in Court.

Signature: _____

Date: _____