



American Islamic Forum for Democracy

1301, E. McDowell Road, Suite 202, Phoenix, Arizona 85006.

## MEMBERSHIP APPLICATION FORM

Name: Dr. /Mr./ Mrs./ Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail : \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Membership type requested:

Lifetime \$1,000 \_\_\_\_ Individual \$60 \_\_\_\_ Student \$ 30 \_\_\_\_

Associate Member \$ 30 \_\_\_\_ (non – Muslim supporter or non US citizen)

Check enclosed: \_\_\_\_ (Payable to AIFD)

In addition, I am interested in helping AIFD in the following areas: (please circle all that apply)

Fund raising	Marketing – Public relations	Interfaith outreach
Academic and scholarly work	Event coordination	Website management
Other (please specify) _____		

I agree with the principles and mission statement of the American Islamic Forum for Democracy and hereby affirm my support for the organization.

Signed

\_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Member no: \_\_\_\_\_ Date approved: \_\_\_\_\_ Dues paid: \_\_\_\_\_