



*In the name of Allah, the Compassionate, the Merciful.*

Muslim Communities Association of South Florida  
(Member Islamic Society of North America)



## MCA MEMBERSHIP APPLICATION

أَشْهَدُ أَنْ لَا إِلَهَ إِلَّا اللَّهُ وَحْدَهُ لَا شَرِيكَ لَهُ، وَأَشْهَدُ أَنَّ مُحَمَّدًا عَبْدُهُ وَرَسُولُهُ وَخَاتَمَ النَّبِيِّينَ

*(I bear witness that there is none worthy of worship but Allah and He has no partners; and I bear witness that Muhammad (Peace be upon him) is His servant, His messenger, and the last messenger.)*

Name: \_\_\_\_\_ Mr. Mrs. Ms.  
Last First Middle

E-mail: \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
City State Zip Code

I hereby acknowledge that I am a Muslim, 16 years or older and I will abide by the constitution of MCA. I understand that the MCA Annual Membership Fee is \$25.00 per person per year (January 1<sup>st</sup> to December 31<sup>st</sup>). If I failed to pay the membership fee by July 1<sup>st</sup>, my membership will expire and I will forfeit the MCA membership benefits. If I elect to become a Life Member of MCA I agree to pay a lifetime membership fee of \$1000.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please make your check payable to MCA of South Florida)*

### FOR MCA USE ONLY:

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Membership No.: \_\_\_\_\_

**Flagler Masjid:** 7350 N.W. 3<sup>rd</sup> St. Miami, FL 33126  
**Islamic Center of Greater Miami:** 4305 NW 183<sup>rd</sup> Street Miami, FL 33055 Phone # (305) 624-5555