



Baymeadows Islamic Center
8225 Dix Ellis Trail
Jacksonville, FL 32256
Phone: 904.438.4510
Web: www.bicjax.org

BIC Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Membership Class: Single Family

(Yearly membership fee: \$75.00 for single, \$150 for family, \$50 for students and senior citizens)

Family Information (must be furnished for each family member):

Spouse Name: _____

Spouse's Email: _____

Children (unmarried and residing with parent only):

	Name	Date of Birth
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

APPLICANT'S STATEMENT: I bear witness that there is no deity to be worshipped except Allah SWT, and Muhammad (PBUH) is His last and final messenger. If admitted to membership, I shall agree to abide the bylaws of BIC and the decisions of BIC Board. I shall be considered as a Member of BIC from the date this application is approved and signed by BIC board. (For bylaws, please visit www.bicjax.org)

Date: _____

Signature: _____

(Disclaimer: Once approved, your email address will be automatically added to the BIC members email group.)

For office use only:

Approved: Yes No

Comment: _____