

**THE ISLAMIC SOCIETY OF LAWRENCE**  
1917 Naismith Drive, Lawrence, KS 66046

**INDIVIDUAL MEMBERSHIP APPLICATION**

\_\_\_\_\_ **Last Name**                      \_\_\_\_\_ **First Name**                      \_\_\_\_\_ **Middle**

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** H. \_\_\_\_\_ **W.** \_\_\_\_\_ **Cell.** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_  
*Spouse's Name is listed for records only and is not considered his/her application for membership*

<b>Children's Name:</b>	<b>Date of Birth:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**New Member**                       **Re-new Membership**                       **Dues Paid**

**Reside in Lawrence since:** \_\_\_\_\_ **Member since:** \_\_\_\_\_

**My Signature below indicates my confirmation that the information above is true to the best of my knowledge, that I wish to be considered for membership of the Islamic Society of Lawrence, and that I meet all the requirements of membership stated in the ISL constitution and By-laws, which I agree with and promise to uphold.**

\_\_\_\_\_ **Signature**                      \_\_\_\_\_ **Date**

**Date Application Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Form of Payment:** \_\_\_\_\_ **Receipt # :** \_\_\_\_\_

**ISL Membership #:** \_\_\_\_\_ **Full Membership starts on:** \_\_\_\_\_  
Date

**Signature of Person Receiving Application:** \_\_\_\_\_

**Signature of Person Processing:** \_\_\_\_\_