1431H MCA Membership Application
(Dec 18th 2009 – Dec 6th 2010)

Membership Requirements Summary: *(The MCA Constitution specifies the complete requirements for becoming a member. The MCA Constitution is available from the Secretary of the MCA Executive Committee.)*

1. A new or renewing member shall testify in the basic beliefs of Islamic faith.
2. A member must be at least 16 years old.
3. A member must be a resident of the San Francisco Bay area, specifically a resident of San Francisco, Santa Clara, San Mateo, San Benito, Alameda, or Santa Cruz counties.
4. A new or renewing member must pay the membership dues set by the Executive Committee to initiate or continue membership. **Membership Fee: $40 per person for Hijri Year 1431.**
5. The term of membership is one Hijri year, from the first of Muharram to the end of Thul Hajjah. Membership is renewable.

Important Information:

- You may apply for your membership online at http://www.mcabayarea.org/about/membership.aspx
- Please provide your **Residential Address**. On Election Day your eligibility to vote shall be confirmed after verifying your address against your government provided identification
- **ISNA Membership** fee is additional $10 pre person (optional). As a member of MCA, you are eligible to become a member of the Islamic Society of North American (ISNA) at a substantially discounted rate of $10 per year per person (normally $50 per person). This includes a subscription to Horizons Magazine.

Fill in all items completely. Please **PRINT** legibly.

Date:	**MCA Membership Fee: $40.00 per person** # individuals x $40.00 = _____ **ISNA Membership Fee: $10.00 per person (optional)** # individuals x $10.00 = _____ **Total**: _____
Name:	
Home Address *(Do not use P.O. Box)*	
City: **State**: **Zip Code**:	
Home Phone Work Phone	
Email:	**Check** – check attached - $40.00 (optionally + $10 ISNA) per person **Cash** **Credit Card** – complete information below Visa MasterCard Discover AmEx Credit Card Number ☐☐☐☐–☐☐☐☐–☐☐☐☐–☐☐☐☐ **Expiration date** ___ /___
Additional Member #1 at same address:	
Additional Member #2 at same address:	
Additional Member #3 at same address:	
Additional Member #4 at same address:	**Signature**:

Please mail, fax or give to MCA Financial Controller.

Muslim Community Association of the San Francisco Bay Area, P.O. Box 180, Santa Clara, CA 95052

Phone: 408-727-7277 Fax: (408) 970-9561 memberships@mcabayarea.org

For Office Use Only

RD _____ RB _____ FP _____ DE/nID_____ DV _____