



MEMBERSHIP FORM

Official use only:
 Membership fee: \$ _____
 Payment Method: _____
 Receipt #: _____
 Received date: _____
 By: _____

4324 Georgia Avenue, NW
 Washington, DC 20011

New Member

Renewal

www.firsthijrah.com

Personal Information

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Full Name:	
Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married
Spouse Name:	

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other phone: _____

Email : _____

I would like to receive FHF communications via email.

Children's Information

	Dependent 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Dependent 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Dependent 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Dependent 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First & Last Name:				
Age:				

Note: Children and/or elderly family members must be dependent. If you have more than four dependents, please attach an additional page.

Membership Fee

Family:	<input type="checkbox"/> Annually - \$120	
Single:	<input type="checkbox"/> Annually - \$80	

Method of Payment

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money order	by mail send to: Membership 4324 Georgia Avenue, NW Washington, DC 20011
<p>***Please make check or money order payable to: <i>First Hijrah Foundation</i> or <i>FHF</i></p>	