



Ithna-asheri Muslim Association of the Northwest

515 State St, Kirkland, WA 98033

E-mail: iman@iman-wa.org

<http://www.iman-wa.org>

APPLICATION FOR MEMBERSHIP

Thank you for your interest in becoming a member of IMAN. We encourage all those who attend various activities at the IMAN Center to register as members of IMAN. Our goal is to provide an environment that will grow individuals that will contribute to human progress with a view to seek closeness to God almighty. By becoming a member of IMAN you can help us achieve our goal.

As a member of IMAN you will:

- Affiliate with a network of fellow Shia Ithna-asheri Muslims.
- Contribute thoughts and ideas for improving IMAN programs and services.
- Develop a sense of belonging to a Muslim Community for you and your family
- Benefit from member-only services offered by IMAN.
- Be eligible to be considered for a position on IMAN Subcommittees and Executive Committee.

Please complete the enclosed registration form and return with your membership dues to IMAN Treasurer. Please also note the following information:

- (1) Membership fees for the Year 2011 are \$300.00. IMAN is a 501(c)(3) corporation and therefore fees¹ and all donations to IMAN are tax deductible.
- (2) Membership dues can be paid in full at the time of registration or can be paid on a quarterly or monthly basis.
- (3) **Membership dues are not mandatory. You are encouraged to become a member of IMAN irrespective of your ability to pay.** If you can pay only a portion of the membership dues or if you cannot pay dues this year, you will still be registered as a full member of IMAN.

We encourage you all to complete the enclosed form and return it to us as soon as possible. We are in the process of compiling a database which will serve as a useful tool for us all to communicate with one another.

Thank you,

¹ According to the information we have membership fees are tax deductible. Please check with your accountant as well.



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P.O. Box 6544, Bellevue, WA 98008-0544

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Application Information

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Address	
Phone	
e-mail	

Personal Information

Spouse	
Children	

Sponsored by

Member #1	
Member #2	

I have read and agree to the [by-laws](#) of the association.

Signature of the Applicant