

The Muslim Community of the Quad Cities
2115 Kimberly Rd, Bettendorf, IA 52722

Membership Application

New Renewal

Family \$100 Individual \$50

- Family includes a spouse and children under the age of 18
- Membership dates are from January 1 to December 31.
- Membership fee can be paid via check, Zelle, ACH or included as part of your General Donation (please indicate this on the form or inform the treasurer)

Full Name _____ M/F _____

Address _____

Phone No _____

Email Address _____

Profession (optional) _____ Company Name (optional) _____

Residency Status: U.S. Citizen U.S. Permanent Resident Other: _____

(Spouse) Full Name _____

Email Address _____

Residency Status: U.S. Citizen U.S. Permanent Resident Other: _____

Languages you know (Optional): Applicant _____

Spouse _____

Name of Children	Age	Email Address	Do they attend?	
			Youth Group	Sunday School

The information provided here is deemed confidential. MCQC will not share this to anyone or use for any purpose other than maintaining the database of its members.

Skills / Volunteer Information:

Applicant

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting / Finance/Tax | <input type="checkbox"/> Elderly Services | <input type="checkbox"/> Interfaith | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Computers | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Web Hosting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Services | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Others | | | |

Spouse

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Accounting / Finance/Tax | <input type="checkbox"/> Elderly Services | <input type="checkbox"/> Interfaith | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Legal Service | <input type="checkbox"/> Computers | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Web Hosting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Services | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Others | | | |

I hereby apply for membership to the MCQC. I agree to abide by the organization's by laws.

Applicant Signature: _____ Date: _____

To be completed by MCQC			
Date Application Received _____			
Payment amount \$ _____	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Venmo/Zelle <input type="checkbox"/> ACH
Membership Committee Action	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	
Reviewed by _____	Signature _____		
Effective membership date _____			
Membership ID _____			

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