

The Muslim Community of the Quad Cities

2115 Kimberly Rd, Bettendorf, IA 52722

Membership Application

New Renewal

Family \$100 Individual \$50

- Membership dates are from January 1 to December 31.
- Make checks payable to MCQC.

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.

Form Dated 3/24/2024.

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: _____			
Additional Notes: _____			

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