

MEMBERSHIP FORM

Date:_____

Circle One
Family \$50, \$60, Other _____ Monthly
Single \$30, \$40, Other _____ Monthly

OATH

I/we, the undersigned, applying for membership of IABAT I/we solemnly pledge to Allah SWT and fourteen Masoomeen (AS) that I/we shall honor the Shia Islamic By-Laws and constitution of IABAT, to provide its objects and conduct myself/ourselves in an honorable manner.

Full Name:_____ **Signature:**_____ **(Primary Member)**
(state ID Required for verification only)

Mailing Address:

Telephone:

Email :

(Cell)_____

(Home)_____

Note: Please select the **MOST PREFERABLE** method of communication

FAMILY MEMBERS

Full Name

Secretary of IABAT INC

Date

Check#	
Autodraft	

Note: You must ask for a receipt if it is paid in cash.
Please email to treasurer@iabat.org or hand it to IABAT Secretary.

Cash: