



# Membership Form



## 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.

## Member & Family Information

Member Name		Street Address Including City, State, and ZIP Code	
Home Phone		Cell Phone	
Email Address		Other Family Member Name1	
Other Family Member Name2		Other Family Member Name3	
Single	\$40, Other _____	Family	\$65, Other _____
Monthly Dues Payment Mode	___ Bank Auto Draft ___ Cash ___ Credit Card ___ Checks ___ Paypal		

## Bank Auto Draft

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an Adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first. I would give my financial institution a written notice identifying the entry, stating that it is an error and request to credit back to my account. Drafts will be made at the end of each month. Note: All donations are Tax Deductible. Voided Check needed for Bank Auto Draft. This authorization is non-negotiable and non-transferable.

Bank Name		Bank Routing Number	
Bank Account Number		Amount	\$

Signature

*Signature of the Person Submitting this Form*

Date

General Secretary

*Signature of IABAT General Secretary*

Date