



ISLAMIC FOUNDATION NORTH
1751 S. O'Plaine Road, Libertyville, IL 60048

MEMBERSHIP FORM

Please fill in the form, sign at the bottom and return to the IFN office with payment information and/or check.

Select Membership Type:

- ☐ Family Membership.....\$250
☐ Individual Membership:.....\$125
☐ Student Membership:.....\$50

Payment Method: ☐ Cash ☐ Check ☐ Credit Card

Date: _____

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Invite me for IFN Committee Opportunities: ☐ Yes ☐ No

Areas of Interest: _____

By signing/submitting this membership form, I agree to abide by all IFN By-Laws, Policies & Procedures

Signature: _____

Credit Card Payment Form:

Name (as it appears on card): _____

Card Type: ☐ Visa ☐ Mastercard

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Cardholder's Signature: _____ Date: _____