Mississippi Muslim Association P. O. Box 2195 Madison, MS 39130 Tax ID: 64-0785674 www.mmaic.org

MEMBERSHIP FORM....

New:	Renewal: -	(please check one)	
Name:			
Spouse:			
Address:			
Phone:			
Email: 		******	
Membership Dues:	Single: 60/Year	Family: 120/Year_	
Family membership l	Entitles both spouses	to be voting members of M.M.A.	
By submitting this fo agree to abide by its		I/We fulfil the requirements for N	Membership of M.M.A. and
(Signatu			(Date)
(Signature Sp	ouse)	·	(Date)
		For official use only	
Membership Fee R	cvd. Cash:C	Check:	
(Treasurer)			(Date)