



SALAM MEMBERSHIP APPLICATION

PERSONAL INFORMATION (REQUIRED)		APPLICATION TYPE: NEW _____ RENEWAL _____ UPDATE _____	
Name:			Picture (Optional)
Current Address:			
City:	State:	ZIP Code:	
Home Phone:	Mobile Phone:	Email:	
Religion:	Date First Joined SALAM as a Member (if applicable):		
1) Are you 18 years or older? Yes No . 2) Are you a legal U.S. Resident? Yes No . (Please state your legal resident status in the U.S. _____) . 3) Is your legal record clear of any conviction of a felony or of a criminal offense involving moral turpitude within the past 7 years from the date of filing your application, or of pleading no contest to same offenses within the same period? Yes No . 4) Have you read and endorsed the Purpose, Mission, and Principles of SALAM in Article 3 of the By-Laws? Yes No . (A No answer to any of the above four questions will automatically disqualify you from applying for, or renewing SALAM Membership).			
MEMBERSHIP INFORMATION (REQUIRED)		ASSOCIATE & ACTIVE MEMBERSHIP IS FOR MUSLIMS ONLY.	
Type of membership you are applying for (please check only one):			
Member (\$50/year donation): M	Life Time Member (\$5,000 donation): LTM	Youth Member (free for LTM), 18 – 25 years only: YM	
Honorary Member (free), not eligible to vote: HM		Date of Birth (mm/dd/yyyy):	
Note: All member types (M, LTM, YM) are eligible to vote only after transitioning through one year term (from the date of application) as “Associate Member” status to “Active Member” status as per Article 5.03 of SALAM By-Laws.			
I’m interested to join/volunteer the following committees/activities (please check all applicable):			
Fundraising Committee/Activities:	Administrative Committee/Activities:	Education Committee/Activities:	
Membership Committee/Activities:	Finance Committee/Activities:	Other(please specify):	
FAMILY MEMBERSHIP INFORMATION			
Parent (Spouse) Name:		Membership ID (if applicable):	
Parent Name:		Membership ID (if applicable):	
Parent Name:		Membership ID (if applicable):	
RECOMMENDATION BY TWO ACTIVE MEMBERS OF SALAM (REQUIRED)			
Name:	Address:	Signature:	Phone:
BUSINESS INFORMATION (OPTIONAL)			
Current Employer/Business:			
Position/Title:			
Employer Address:		How long?	
City:	State:	ZIP Code:	
Work Phone:	Work Fax:	Work Email:	
SIGNATURES (REQUIRED)			
I, the undersigned, hereby apply for membership to SALAM; bear a reputation of honesty and truthfulness. I understand that my membership may be disqualified at any time for not disclosing any conviction of a felony or of a criminal offense. I agree to abide by SALAM’s Articles of Incorporation and by its By-laws. I understand that submitting this application does not imply automatic acceptance. I also agree that any controversy or claim arising out of or relating to this membership shall be settled by the American Arbitration Association in accordance with its rules. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. I agree to notify SALAM of any changes in my legal U.S. Residency. I certify that the above information is true to the best of my knowledge.			
Signature of Applicant:		Date (mm/dd/yyyy):	
For SALAM Usage Only			
Reviewed and Recommended by the Membership Committee Chair:			Date:
Membership ID Number:		Donation Amount Received: \$	Date:
Approved:	Disapproved:	Comments:	
BOT Secretary Signature:			Date: