



In the name of Allah, the Beneficent, the Merciful

Midwest Association of Shia Organized Muslims

(Organized: April 26, 1975, 14th Rabi-ul-Aakhir 1395 Hijri)
 Street Address: 4353 W Lawrence Av. Chicago, IL 60630
 ☒ P.O. Box 59916 Chicago, IL 60659
 ☎ (773) 283-9718
<http://www.masom.com>

MEMBERSHIP FORM

Date: _____ FAMILY (\$250)
 Membership #: _____ SINGLE (\$125)
 (Receipt #) (office Use Only)

OATH

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

By virtue of this signed that, I/we agree not to seek or bring legal action against MASOM, action of General Body or for difference or disagreements as between members and office bearers of MASOM.

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

Mailing Address Telephone Email
 _____ (Cell) _____
 _____ (Home) _____

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

Full Name	<u>FAMILY MEMBERS</u>	
	Relation to Primary Member	Membership #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Office Use Only)

Received with thanks:
 CHECK # _____
 CASH _____
 CC # / exp _____
 in the Amount of USD _____

	PR	VP	SC	ES	TR
APPROVE					
DENY					
Reason:					

 Secretary, MASOM Date