



Bridgeport Islamic
Community Center

703 State Street, Bridgeport, CT 06604

Phone: (203)870-1728 Email: info@mybicc.org

<http://Mybicc.org> , <http://Facebook.com/mybicc>

2020 Membership Application

Individual Family Student

Ms. Mr. Mrs. Dr. _____
First Name Middle Name Last Name

Home Address City State Zip

Email Address Home Phone Cell Phone Work Phone

Employer Name Occupation

Employer Address City State Zip

Age Place of Birth (City) State Country

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other (Specify): _____

This part is for family applicants only (Spouse) _____

Ms. Mr. Mrs. Dr. _____
First Name Middle Name Last Name

Home Address City State Zip

Email Address Home Phone Cell Phone Work Phone

Employer Name Occupation

Employer Address City State Zip

Age Place of Birth (City) State Country

Citizenship/Residency: I am a U.S. Citizen U.S. Permanent Resident Other (Specify): _____

"BICC values your privacy. We will not sell, share, rent or release this information to any marketers, advertisers or for any other commercial purposes"

Form Dated 1,1,2020

Personal Information (Voluntarily) *This information is for BICC statistics only

Marital Status: Single Married Divorced Widowed

Cultural Background (please specify):

Applicant: _____

Spouse (if family application) _____

Do they attend?

Name of Children	Age	E-Mail Address	Youth Group	Quran Acad.	Weekend School
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills / Volunteer Information:

<table border="0"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Accounting / Finance</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Civic Engagement</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Computers</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Database Management</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Religious Service</td> </tr> </table>	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Accounting / Finance	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Civic Engagement	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Computers	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Database Management	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Religious Service	<table border="0"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Elderly Services</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Event Coordination</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Facility Maintenance</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Fundraising</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Social Service</td> </tr> </table>	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Elderly Services	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Facility Maintenance	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Social Service	<table border="0"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Interfaith</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Legal Service</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Marketing</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Spouse</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Applicant</td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td style="padding: 0 10px;"><input type="checkbox"/></td> <td>Youth Service</td> </tr> </table>	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Interfaith	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Legal Service	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Marketing	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Other	Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Youth Service
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Accounting / Finance																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Civic Engagement																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Computers																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Database Management																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Religious Service																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Elderly Services																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Event Coordination																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Facility Maintenance																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Social Service																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Interfaith																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Legal Service																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Marketing																																																											
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Other																																																											
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	Youth Service																																																											

Languages you know or speak: English Other (Specify) _____

Applicant: _____

Spouse (if family application): _____

Please list the name of other Organizations in which you are a member:

Name of Organization	Type of Organization					Who is a Member?	
	Religious	Professional	Educational	Social	Other	Applicant	Spouse
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"BICC values your privacy. We will not sell, share, rent or release this information to any marketers, advertisers or for any other commercial purposes"

Endorsement (two BICC BOD Members)

Name: _____
Address: _____
Signature: _____
Telephone: _____
E-Mail: _____

Name: _____
Address: _____
Signature: _____
Telephone: _____
E-Mail: _____

I hereby apply for membership to the Bridgeport Islamic Community Center. I agree to abide by the Center's bylaws and 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 Bridgeport Islamic Community Arbitration Committee in accordance with the bylaws. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

Applicant Signature: _____ Date: _____
Spouse (if family application) _____ Date: _____

Instructions

Limitations

- (1) Open enrolment for year 2020 is January 15 to March 15.
- (2) Applicant(s) must be at least 18 years of age, of the Muslim faith, and domiciled in the Greater Bridgeport area including the City of Bridgeport and its surrounding municipalities.

Dues

Dues are \$100.00 per year/Individual member. If you are between the ages of 18 – 25 dues will be \$50.00. Family Memberships dues will be \$150.00 per year/Husband and Wife. Paid dues are credited towards the calendar year 2020.

Payment of Dues

- (1) Electronically: <https://us.mohid.co/ct/bridgeport/bicc/masjid/online/donation>
- (2) By Check made Payable to BICC

Submission of Application

- (1) Electronically: send an email to info@mybicc.org , please provide proof of payment of dues.
- (2) By mail: Membership Committee, BICC, 703 State Street, Bridgeport, CT 06604
- (3) In person: Submit application to Facility Manager Mr. Nabil Jamal Eldin (Abu Tawfeeq)

To Be Completed BY BICC Membership Committee

Date Application Received: _____ Received By: _____

Membership Committee Action

Reviewed by Committee:

Signature of Chairperson: _____

Date: _____

Remarks: _____

Recommended:

Not Recommended:

BICC Board Action

Meeting Date: _____

Approved:

Not Approved:

BICC Board Secretary: _____

Signature: _____

Effective Membership Date: _____

Membership I.D. #: _____

Remarks:

"BICC values your privacy. We will not sell, share, rent or release this information to any marketers, advertisers or for any other commercial purposes"