Prideopart Islami	Ph	703 State Street, Bridgeport, CT 06604 Phone: (203)870-1728 Email: <u>info@mybicc.org</u>		
Bridgeport Islamic Community Cente	er —		<u>p://Facebook.com/mybicc</u> 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	
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	
Age	Place of Birth (City)	State	Country	
Citizenship/Residency: I am a				
	J.S. Citizen 🔲 U.S.	Permanent Residen	t 🔲 Other (Specify):	
<b>Recommendations</b>				
Please list the names of two BICC BOD Memb Sayeed Chowdhury, Khaled Elleithy, Mohamed application will be reviewed by the two name	d Hamada, Samer Hiba			
First Board Name:	t Board Name: Second Board Name:			
Signatures I hereby apply for membership to the Bridgeport that submitting this application does not imply an relating to this membership shall be settled by the	n automatic acceptance.	I also agree that any co	ontroversy or claim arising out of or	
Judgment on the award rendered by the arbitrator			-	
Applicant Sig	nature:	Da	te:	

Spouse (if family application)\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_\_Date:

# **Instructions for Applicants**

#### **Limitations**

- (1) Open enrolment for the year 2021 is from January 15, 2021, to March 15, 2021.
- (2) Applicant(s) must be at least 18 years of age by March 15, 2021, of the Muslim faith and domiciled in the Greater Bridgeport area, including the City of Bridgeport and its surrounding municipalities.

#### <u>Dues</u>

- If you are between the ages of 18 25 by March 15, 2021, dues will be \$50.00.
- Dues are \$100.00 per year/Individual member.
- Family Memberships dues will be \$150.00 per year/Husband and Wife.
- Paid dues are towards the calendar year 2021.

#### Payment of Dues

- (1) <u>Electronically: https://us.mohid.co/ct/bridgeport/bicc/masjid/online/donation</u> : select BICC 2021 Membership
- (2) By Check made Payable to BICC

### **Submission of Application**

- (1) <u>Electronically:</u> send an email to <u>info@mybicc.org</u>; please provide proof of payment of dues.
- (2) <u>By mail:</u> Membership Committee, BICC, 703 State Street, Bridgeport, CT 06604
- (3) In-person: Submit the application Br. Anwar or drop it in the mailbox next to the women's door

## Applicants do not write below this line

BICC Board Action Meeting Date: BICC Board Secretary: Remarks:	Recommended Not Recommended Signature:
Membership Committee Action Signature of Chairperson: Remarks:	Approved Not Apporved