



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>

2025 **New** 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

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 U.S. Citizen U.S. Permanent Resident Other (Specify): _____

Recommendations

Please list the names of two BICC BOD Members who know you personally: (Mohannad Abuzneid, Loay Al-Jammal, Sayeed Chowdhury, Khaled Elleithy, Sunila Fadl, Yousef Hassan, Samer Hiba, Budi Lubis, Ahmed Youssef (Anu Mahdi),)
Your application will be reviewed by the two names listed below

First Board Name: _____ Second Board Name: _____

Signatures

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 an automatic acceptance. I also agree that the Bridgeport Islamic Community Arbitration Committee shall settle any controversy or claim arising out of or relating to this membership 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 for Applicants

Limitations

- (1) This application is for new members, changing an individual membership from single to family, or changing student membership to full membership if the age exceeds 25 by March 15, 2025.
- (2) Open enrollment for 2025 is from January 15, 2025, to March 15, 2025.
- (3) Applicant(s) must be at least 18 years of age by March 15, 2025, of the Muslim faith and domiciled in the Greater Bridgeport area, including the City of Bridgeport and its surrounding municipalities.

Dues

- If you are between the ages of 18 and 25 by March 15, 2025, dues will be \$50.00.
- Dues are \$100.00 per year for Individual member.
- Family Membership dues will be \$150.00 per year for Husband and Wife.
- Paid dues are towards the calendar year 2025.

Payment of Dues

- (1) Electronically: <https://us.mohid.co/ct/bridgeport/bicc/masjid/online/donation> : select BICC 2025 Membership
- (2) By Check made Payable to BICC

Submission of Application

- (1) Electronically: send an email to membership@mybicc.org; please provide proof of payment of dues (**Preferred**)
- (2) By mail: Membership Committee, BICC, 703 State Street, Bridgeport, CT 06604
- (3) In-person: 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 <input type="checkbox"/> Not Recommended <input type="checkbox"/> Signature: _____ Membership I.D. #: _____
Membership Committee Action Signature of Chairperson: _____ Remarks: _____	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Date: _____