



Bridgeport Islamic  
Community Center

703 State Street, Bridgeport, CT 06604  
Phone: (203)870-1728 Email: [info@mybiccc.org](mailto:info@mybiccc.org)  
<http://Mybiccc.org> , <http://Facebook.com/mybiccc>

## 2026 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 from: **Mohannad Abuzneid, Yaser Al-Hameedi, Loay Al-Jammal, Sayeed Chowdhury, Khaled Elleithy, Samer Hiba, Budi Lubis, Sherien Moussa, and Ahmed Youssef (Anu Mahdi).**

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, 2026.
- (2) Open enrollment for 2026 is from January 15, 2026, to March 15, 2026.
- (3) Applicant(s) must be at least 18 years of age by March 15, 2026, 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, 2026, dues will be \$50.00.
- Dues are \$100.00 per year for an individual member.
- Family Membership, wife and husband, dues will be \$150.00 per year for Husband and Wife.
- Paid dues are towards the calendar year 2026.

### **Payment of Dues**

- (1) Electronically: <https://us.mohid.co/ct/bridgeport/bicc/masjid/online/donation> : select BICC 2026 Membership
- (2) By Check made Payable to BICC

### **Submission of Application** (please provide proof of payment of dues with the application)

- (1) Electronically (Preferred): send an email to [membership@mybiccc.org](mailto:membership@mybiccc.org)
- (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

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**Applicants do not write below this line.**

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<b>BICC Board Action</b>	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Meeting Date: _____	Signature: _____	
BICC Board Secretary: _____	Membership I.D. #: _____	
Remarks: _____		
<b>Membership Committee Action</b>		
Signature of Chairperson: _____	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Remarks: _____	Date: _____	