In the Name of Allah, the Compassionate, the Merciful.
Praise be to Allah, Lord of the Universe, and Master of the Day of Judgment

American Muslim Diversity Association (AMDA)

Membership Form

☐ Family Membership ($100 per year) ☐ Individual Membership ($50 per year)
☐ Associate Membership ($100 per year) for residents outside of Oakland, Macomb, St. Claire & Wayne Counties.

Name: _____ _____ _____
Last First Middle

Spouse's Name: _____ _____ _____
Last First Middle

Address: _____
Street Apt. # City State Zip

Home Phone: ( ) Cell Phone: ( ) Fax: ( )

Email: _____ Heritage/Country of Origin(s) (Optional): _____
(To support AMDA's objective of representative governance)

Volunteer Preference:
AMDA encourages its membership to volunteer in any of its many activities. Please indicate which of the following activities you are interested for volunteering:

☐ Membership ☐ Facilities ☐ Newsletter/Communication ☐ Da'wah/Interfaith
☐ Finance ☐ Social Programs ☐ Youth Activities ☐ Library
☐ Education ☐ Election Committee
☐ Other Skills that AMDA can utilize: _____

Check-o-matic Information (Minimum $25 per month):
Are you interested in a monthly Check-o-matic deduction for membership fee or donation?
If yes, please indicate amount $_____

Please attach a voided check with this application form for check-o-matic deduction.

Member's Rights and Responsibilities:

Member's rights, privileges, and responsibilities are described in detail in the constitution and in the by-laws of AMDA. Every applicant is encouraged to read the constitution before signing the application for membership. The constitution is available at AMDA website (www.amda.us).

Declaration:

I/We the undersigned hereby agree to abide by the constitution and by-laws of AMDA:

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please return the filled application to any AMDA representative.

AMDA
C/O Muhammad Azim
2118 Rutger Dr
Troy, MI 48085