

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 (Online <u>form available on www.a</u>mda.us)

Name:		_				
Last		F	First		Middle	
Spouse's Name:				<u></u>		
_	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 govern					
		(To support A	AMDA's objecti	ve of representative	governance)	
☐ Education ☐ Other Skills that Check-o-matic Int Are you interested If yes, please indica Please attach a voice Member's Rights Member's rights, p	□ Social Progra □ Election Com AMDA can utiliz formation (Minimin a monthly Che ate amount \$ ded check with th and Responsibil rivileges, and resencouraged to rea	mum \$25 per month): cck-o-matic deduction fo is application form for c ities: ponsibilities are described the constitution before	r membership feetheck-o-matic dec	e or donation? duction. constitution and in t	the by-laws of AMD	
Declaration:	on website (www	v.amda.us).				
Deciai ation.						
I/We the undersign	ed hereby agree t	to abide by the constitution	on and by-laws o	of AMDA:		
Applicant Signatur	e:		Date:			
Applicant Signatur	e:		_ Date:			
	lled application to AM 447	o any AMDA representa IDA '60 Ryan Road rling Heights, MI 48314	_			