



# Membership Application Form

## A. Check Organization Member Type

Applications must be approved to assure eligibility criteria are met. Check only one box

- Organizations Eligible for Voting Membership**  
Not-for-profit organizations who are national in scope and impact and have chapters and/or affiliates in other states.

✓ Provide proof of tax exempt status with this application

- Organizations Eligible for Non-voting Membership (Associate Membership)**  
Not-for-profit organizations who are not national in scope and impact and have no chapters and/or affiliates in other states.

✓ Provide proof of tax exempt status with this application

### All organizational members must:

- ✓ Submit a formal letter by the organization's board authorizing the applicant to join the Council
- ✓ Submit copies of organization literature which describe the purposes of the organization
- ✓ Have been in business for a period of at least two years
- ✓ Designate an official representative whose decision is binding on the organization
- ✓ Support the mission and goals of the U.S. Council of Muslim Organizations

## B. Organizational Member Information

To be completed by the Head of the Organization or designated representative of the Organization

Name of Organization: \_\_\_\_\_

Principal Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

Phone: (     )                      Fax: (     )

Type of Legal Entity \_\_\_\_\_

Inception Date: \_\_\_\_\_

Is the Organization a IRS Tax Exempt?: Yes  No

Federal Tax ID: \_\_\_\_\_

Is the Organization: National  Local



# Membership Application Form

## C. Official Organization Representative to US Council of Muslim Organizations

This person serves in the official organization representative capacity. In addition, if this person represents an organization with voting power, his/her vote shall be binding on the organization.

Designated *Official* Representative

	_____	_____	_____
		<i>Printed name</i>	<i>Title</i>
Mailing Address:	_____		
	City:	State	Zip
	_____	_____	_____
Email Address:	_____		
	Phone: (      )	Fax: (      )	_____

The signature of the official representative below indicates that the applicant institution supports the purposes of the U.S. Council of Muslim Organizations and the decision binding requirement.

\_\_\_\_\_  
Signature of Official Representative

## D. Alternate Organization Representative(s) to U.S. Council of Muslim Organizations

This person takes the place of the official organization representative. In addition, if this person represents an organization with voting power, his/her vote shall be binding on the organization.

Designated *Alternate* Representative

	_____	_____	_____
		<i>Printed name</i>	<i>Title</i>
Mailing Address:	_____		
	City:	State	Zip
	_____	_____	_____
Email Address:	_____		
	Phone: (      )	Fax: (      )	_____

The signature of the alternate representative below indicates that the applicant institution supports the purposes of the U.S. Council of Muslim Organizations and the decision binding requirement.

\_\_\_\_\_  
Signature of Alternate Representative



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Designated *Alternate* Representative \_\_\_\_\_  
*Printed name* *Title*

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )

The signature of the alternate representative below indicates that the applicant institution supports the purposes of the U.S. Council of Muslim Organizations and the decision binding requirement.

\_\_\_\_\_  
Signature of Alternate Representative

## D. Membership Dues

**Dues expire December 31 of the current year for applications approved January through September. Applications approved from October to December will expire December 31 of the following year**

Voting Member Annual Dues \$3,500

Associate Member Annual Dues \$1,000

Check enclosed (*payable to U.S. Council of Muslim Organizations*)

I authorize the U.S. Council of Muslim Organizations to charge these dues to my credit card:

AMEX  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please email completed application to [membership@uscmo.org](mailto:membership@uscmo.org) or mail it to:

**US Council of Muslim Organizations**  
1155 F Street, Suite 1050  
Washington, DC 20004

**TO EXPEDITE YOUR APPLICATION,  
MAIL IT TO:**

USCMO  
9313 S. Thomas Ave.,  
Bridgeview, IL 60455



# Membership Application Form

**For Official Use**

Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date submitted to Membership Committee \_\_\_\_\_

Action taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date action taken: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_