



# Membership Application Form

### A. Check Organization Member Type

Applications must be approved to assure eligibility criteria are met. Please read and fill the application carefully.

Check only one box

**Organizations Eligible for Board Membership**

- Not-for-profit organizations who are national in scope and impact and have chapters and/or affiliates in more than one state. These organizations shall have Board of Directors voting privileges
- Not-for-profit organizations who are local councils with at least 10 member organizations. These organizations (Local Councils) shall have Board of Directors voting privileges

**Organizations Eligible for Regular Membership**

- Not-for-profit organizations who are not national in scope and impact and have no chapters and/or affiliates in other states. These organizations shall have General Assembly voting privileges

**All organizational members must:**

- ✓ Submit copies of organization literature which describe the purposes of the organization
- ✓ Have been in business for a period of at least one year
- ✓ Designate an official representative whose decision is binding on the organization
- ✓ Support the mission and goals of the US Council of Muslim Organizations and pay dues
- ✓ Provide proof of tax exempt status with this application

### 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 Council  Regular



# 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's institution approves joining the US Council of Muslim Organizations (USCMO), supports its purposes, and agrees with the decision binding requirement.

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

\_\_\_\_\_  
Date

## 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's institution approves joining the US Council of Muslim Organizations (USCMO), supports its purposes, and agrees with the decision binding requirement.

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

\_\_\_\_\_  
Date



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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's institution approves joining the US Council of Muslim Organizations (USCMO), supports its purposes, and agrees with the decision binding requirement.

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

Date \_\_\_\_\_

## 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**

Membership 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     Discover

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

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

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

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

Tel: \_\_\_\_\_

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

**IMPORTANT**

The US Council of Muslim Organizations reserves the right to accept or reject any applicant with or without a reason.



# Membership Application Form

Please email completed application to 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

## For Official Use

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

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

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

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

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

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

\_\_\_\_\_