



In the name of Allah, the Beneficent, the Merciful

انجمن دعوت اسلامی افغانان مقیم امریکا (آمو)

AFGHAN AMERICAN MUSLIM OUTREACH (AAMO)

1339 E Katella Avenue #333 • Orange, CA 92867

Email: info@aamo-net.org • www.aamo-net.org

Tel: 877-ONE-AAMO (877-663-2266)

### MEMBERSHIP APPLICATION

MEMBERSHIP FEE PAID	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mr.  Ms.  Mrs. Name: \_\_\_\_\_  
Last First Middle

Mr.  Mrs. Spouse Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Home Address City State Zip

( ) ( ) \_\_\_\_\_  
Home Phone Cellular Phone Email Address

\_\_\_\_\_ ( ) \_\_\_\_\_  
Highest Education Degree/level Occupation Office Phone

#### Language you can speak and write:

	English	Dari	Pashto	Other
Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

*I hereby apply for AAMO membership and pledge to agree and abide by the Organization's by-laws and understand that submitting this application does not imply automatic acceptance. I also agree that any controversy or claim arising out of or relating to this membership shall be settled through arbitration that is based on the Qura'n and the Sunnah of the Prophet Mohammad (pbuh), as explained and interpreted by the recognized schools of Fiqh. The decision of the Arbitrator(s) is final and binding and cannot be appealed in court*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*A membership application must be accompanied by annual dues of \$120.00 for each family member over 18 years of age, unless special arrangements have been made to make monthly installment payments of \$10.00 per month / Individual member. **Membership fee will be collected on yearly basis only**, unless an arrangement of installments is made for a special case.*

#### FOR AAMO OFFICE USE ONLY

Date Application Received: \_\_\_\_\_ Received by: \_\_\_\_\_

#### Membership Committee Action

Reviewed and Verified by: \_\_\_\_\_ Remark: \_\_\_\_\_

Signature of Chairperson: \_\_\_\_\_  Recommend  Not Recommend

Reason for not recommended \_\_\_\_\_

#### AAMO Board Action

Meeting Date: \_\_\_\_\_  Approved  Not Approved

AAMO Board President: \_\_\_\_\_ Signature: \_\_\_\_\_

AAMO Board Secretary: \_\_\_\_\_ Signature: \_\_\_\_\_

Effective Date of Membership: \_\_\_\_\_ Membership ID #: \_\_\_\_\_