

Membership Form – 2026-2027

General Information (Required) Please Circle One: Renewal or New

Name _____

Last

First

Middle

Home Address _____

Street

Apt#

City

State

Zip

Home Phone Number _____ Cell Phone number _____

Email address _____

Family Information (Optional)

Spouse's Name _____

Last

First

Cell Phone Number _____ Email address _____

Dependent #1 Name _____ Birth Date _____

Last

First

Dependent #2 Name _____ Birth Date _____

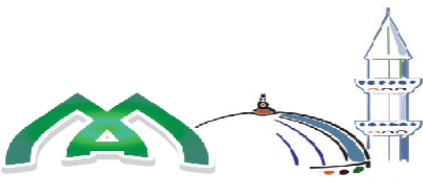
Last

First

Dependent #3 Name _____ Birth Date _____

Last

First



Dependent #4 Name _____ Birth Date _____

Last First

Dependent #5 Name _____ Birth Date _____

Last First

Dependent #6 Name _____ Birth Date _____

Last First

(Date of birth is requested to identify eligibility for voting, you may just write age instead if you prefer)

Membership Fee \$100 (individual or family) Select one option below

___ CASH, ___ CHECK, ___ ZELLE ___ PAYPAL or ___ REFUGEE/VOLUNTEER EXEMPTION

Attestation

SIGNATURE REQUIRED: I acknowledged that this is an application for membership of ISSWW for two years and must returned by *April 15th, 2026* to be eligible for 2026 Board Elections. I hereby declare that the information I have provided is correct. I understand that ISSWW respects the privacy of all applicants and will not give out any information to any third party unless required by Law.

Membership is for 2 years and requires a minimum donation of \$100/- per family. Students, refugees and those who cannot afford membership fees may qualify for reduced membership fees on a case-by-case basis. Please mention this on the form if you need to be accommodated.

Signature _____ Date _____

Signature _____ Date _____

Note: - Duly filled membership forms can be handed over to any ISSWW board member or scanned and emailed back to misiddiqui@gmail.com or slid under the office door adjacent to Men's prayer hall entrance along with the payment attached. Payment can be made by check, cash, Zelle @ 360-694-7799 or PayPal using ISSWW.NET website. Please specify mode of payment on the form.