



Resident Aalim:
Maulana Syed Farqalita Ali Husaini
Phone: 773-837-0054

In the name of Allah, the Beneficent, the Merciful

Midwest Association of Shia Organized Muslims

(Organized: April 26, 1975, 14th Rabi-ul-Aakhir 1395 Hijri)

Street Address: 4353 W Lawrence Av. Chicago, IL 60630

✉ P.O. Box 59916 Chicago, IL 60659

☎ (773) 283-9718

<http://www.masom.com>

MEMBERSHIP DUES 2010

SINGLE **\$125**

FAMILY **\$250**

Following are the guidelines for submitting your membership for 2010:

- Membership can only be received by the Secretary, MASOM, in-person only
- A prescribed MEMBERSHIP FORM is REQUIRED to be filled out completely (incomplete forms will not be accepted)
- Membership Forms must be filled out in BLOCK LETTERS only (if the handwriting is not legible, we would ask the form to be re-submitted)
- State ID is required for verification purposes only
- Renewal applications must be submitted between Jan-1-2010 and Jan-31-2010
- Renewal applications received after Jan-31-2010 must be accompanied by a letter of appeal explaining the reason for a late submittal, as per Article IV (1) below:

Article IV

1. All annual dues shall be payable on or before January 31st of each year. Non-payment of dues will result in cancellation of membership and withdrawal of membership privileges. A member in good standing who fails to pay due to unavoidable circumstances may appeal his case in writing to the Executive Committee within ninety (90) days from the expiration date of his membership for continuation of privileges. Decision of the Executive Committee shall be final in this matter.

- ALL applications will be reviewed by the MASOM Executive Committee, and appropriate action will be taken as per MASOM By-laws.
- Final decision will be communicated to the applicant via the preferred method of communication selected in the application.

SECRETARY, MASOM



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MEMBERSHIP FORM

Date: _____

Membership #: _____
 (Receipt #) (office Use Only)

FAMILY (\$250)

SINGLE (\$125)

OATH

I/we, the undersigned, applying for membership of MASOM, I/we solemnly pledge to Allah and Chahardah Masoomeen (AS) that I/we shall honor the Shia Islamic By-Laws and constitution of MASOM, to provide its objects and conduct myself/ourselves in an honorable manner.

By virtue of this signed that, I/we agree not to seek or bring legal action against MASOM, action of General Body or for difference or disagreements as between members and office bearers of MASOM.

Full Name: _____
 (state ID Required for verification only)

Signature: _____
 (Primary Member Only)

Mailing Address

Telephone

_____ (Cell)
 _____ (Home)

Email

Note: Please select the **MOST PREFERABLE** method of communication

Full Name	FAMILY MEMBERS	
	Relation to Primary Member	Membership #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Office Use Only)

Received with thanks:

CHECK # _____

CASH _____

CC # / exp _____

in the Amount of USD _____

APPROVED

DENIED

Reason: _____

 Secretary, MASOM

 Date