



Islamic Council of Ohio Member Application

1428 East Broad Street • Columbus, OH 43205

Date _____

Name of Organization _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____ Email _____

Year established _____ Approximate membership _____

Registered with (Check all that apply): City State Federal

Federal Tax status _____ Fed Tax I.D. Number _____

Please answer the following questions:

Does the above named organization have:

- 1. Constitution/Charter/By-laws: Yes No
- 2. Board of Trustees: Yes No
- 3. Officers/Executive Committee: Yes No
- 4. Other: _____

Each organization member is permitted (three) representatives: one delegate and two alternates.

Delegate Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone (day) _____ (Evening) _____ Fax _____

Alternate Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone (day) _____ (Evening) _____ Fax _____

Alternate Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone (day) _____ (Evening) _____ Fax _____

Note: Each member organization has only one vote.

Please give a brief description of programs and activities you provide _____

By signing and submitting the application, you certify that the above information is true and factual and if there is any change in the items 1 through 4 above, you are required to inform the ICO office.

Name (please print) Signature

Title

The application/membership fee is \$150.00. Please return completed application to your ICO contact. Thank you.