



**MUSLIM ASSOCIATION OF VIRGINIA, INC**

**5404 HOADLY ROAD  
MANASSAS, VA 20112**

**MEMBERSHIP  
APPLICATION**

# MAV MEMBERSHIP APPLICATION

**APPLICANT INFORMATION / PLEASE PRINT**

**APPLICATION DATE**    /    /

I am applying for,  Individual= \$60.00 per year  Duel= Husband & Wife \$90.00 per year. Each additional member \$30.00 per year

First Name:	Middle:	Last:
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Current Address:

City:	State:	Zip Code:
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Home Ph:	Cell Ph:	Email:
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**SPOUSE INFORMATION IF JOINT MEMBERSHIP**

First Name:	Middle:	Last:
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**FAMILY IF MEMBERSHIP PRIVILIGES DESIRED**

First Name:	Middle:	Last:
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		Signature:
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First Name:	Middle:	Last:
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		Signature:
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First Name:	Middle:	Last:
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		Signature:
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First Name:	Middle:	Last:
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		Signature:
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Family members applying for membership have to be 18 years or older living at same address and are single.  
Married couples living at same address, please apply separately.

**FIRST REQUIRED REFERENCE**

**I affirm that I know the applicant(s) for at least 1 year and vouch for his/her general integrity**

First Name:	Middle:	Last:
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Current Address:

City:	State:	Zip Code:
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Home Ph:	Cell Ph:	Signature:
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**SECOND REQUIRED REFERENCE**

**I affirm that I know the applicant(s) for at least 1 year and vouch for his/her general integrity**

First Name:	Middle:	Last:
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Current Address:

City:	State:	Zip Code:
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Home Ph:	Cell Ph:	Signature:
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**SIGNATURES**

By signing and completing this application to be a member of Muslim Association of Virginia, Inc.

I understand and agree to the items cited on page 3 and 4.

Signature of applicant:	Date:
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Signature of spouse (only if joint application):	Date:
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**FOR MAV OFFICE USE ONLY**

<input type="checkbox"/> I.D Verified / D.L / Passport / OT	Date Rcvd:		Reason for decline:
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<input type="checkbox"/> I.D #	Approval date:		
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<input type="checkbox"/> Yes <input type="checkbox"/> No Volunteer hours completed	Member I.D #		
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<input type="checkbox"/> Approved <input type="checkbox"/> Declined			
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X.	X	X
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MAV President Signature above

Date

MAV Membership Chair signature above

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**Application Instructions,  
Questioners and Requirements  
Signature of acknowledgement and acceptance.**

1. All information must be filled out. Any unanswered question in the application would be considered as incomplete application and will not be processed.
2. Family members applying for membership have to be 18 years or older living at same address and are single.
3. Married couples living at same address, please apply separately.
4. Reference: Must provide full names, addresses, and telephone numbers of at least two active MAV members that will be applicant's references. The MAV member making the reference must affirm in writing that they know the applicant for at least 1 year and vouch for applicant's general integrity.

5. How often do you attend MAV activities?

\_\_\_\_ Per day: \_\_\_\_ Per week \_\_\_\_ Per month \_\_\_\_ Per year

6. What motivated you to apply for MAV membership?

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7. What can you contribute to MAV by becoming a member?

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8. What other organizations are/were you affiliated with and how long?

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9. This application is subject to the MAV Board of Directors approval. Applicants whose application has not been approved can appeal in writing to the MAV Board of Directors for an explanation and a Board hearing.

- a. Each of the applicant(s) is 18 years or older, and believes in the Quran and the Sunnah of the Prophet (PBUH)
- b. Additional applicant(s) has/have knowingly authorized the primary applicant to apply for MAV membership.
- c. Each name on this application MUST have signature next to it.
- d. The Applicant(s) upon becoming MAV member(s) will abide by the MAV constitution and By-laws
- e. A copy of the By-laws is available at [WWW.daralnoor.org](http://WWW.daralnoor.org) OR upon requests.

10.  YES I DO  NO I DON'T give MAV permission to add my E-mail address to the MAV General Distribution list and to receive e-mails regarding MAV events or announcements.

11. Application Phases:

- a. Applicant(s) MUST Complete Application,
- b. Applicant(s) MUST Complete the 20 Hours Volunteer Service,
- c. Submission of Application for Approval,
- d. Application Approval (includes New Member Orientation, Payment of Check, and Application approval Process

12. Applicant(s) MUST attend a Membership Orientation Briefing

13. Applicant(s) MUST be Legal and permanent resident/Citizen of the US

14. Applicant(s) MUST be a Resident of Virginia.

15. The applicant(s) has/have never been involved in any unlawful act under the laws of the U.S and the state of Virginia.

I/we would like to pay membership dues in advance for next:

1 YEAR     2 YEAR     3 YEAR     4 YEAR     5 YEAR     10 YEARS

By signing this application, I hereby certify that the information provided above is current, accurate, and complete and I give MAV Inc. my consent to investigate any information as necessary to approve and maintain my membership.

Primary Applicant \_\_\_\_\_ Date \_\_\_\_\_

## **CURRENT (BOD) BOARD OF DIRECTORS**

MOHAMMAD MEHBOOB	PRESIDENT	PH: 571-220-2147
RAFI AHMED	VICE PRESIDENT	PH: 571-334-3011
EHSAN ISLAM	TREASURER	PH: 571-226-6123
DA'IN JOHNSON	SECRETARY	PH: 703-615-9395
YAQUB ZARGARPUR	DIRECTOR	PH: 703-973-5253
TALIBA HASSAN	DIRECTOR	PH: 703-717-3086
MOHAMMAD ANSARI	DIRECTOR	PH: 703-507-3927
MOHAMMAD SAFA	DIRECTOR	PH:
ABDUL M. KAISKAN	DIRECTOR	PH: 703-209-3753