Empower the Future of Islam through your participation.

Come & be a part of a great experience...

Let every Muslim become a member of ISNA. There is strength in unity and each individual member is important. If we all strive together, we can make a difference. Let us work together as one body with faith and righteousness.

Sheikh M. Nur Abdullah President, ISNA

Whenever Muslims have worked together, they have attained great achievements. practical manifestation of this unity when the Muslim Community in Chicago and St. Louis were able to organize a mammoth national convention by working together among each other:

I invite you to join the national fraternity of communities through the ISNA network. Your membership with ISNA will prove an asset to you and your family. In becoming part of ISNA family, you will be able to contribute more meaningfully to the empowerment of the National Umah. We appreciate all your supportin the past and would need your utmost support for this special project.

> Dr. Sayyid M. Syeed, Secretary General, ISNA

Membership Benefits:

Any Muslim, aged 18 years or more living in North America who endeavors to practice Islam as a total way of life may become a member of ISNA. To become an ISNA member, simply print the following form, fill it completely, and send it to the address below with your payment.

Membership with ISNA carries its privileges.

As a paying wemper you will get:

- Free Islamic Horizons with paid membership Right to Vote during ISNA elections
- Discount at Car Rental Agencies
- An attractive Membership Card Discount at Hotel/Motel
- Tastefully designed Hijra Calendar
- Discount at ISNA Annual convention Registration Fees
- Shahadah Certificates (Upon request if needed)
- Discount at Islamic Book Service (Plainfield, IN)
- Marriage Certificates (Upon request if needed)

Tel: (317) 839-1811 Fax: (317) 839-1840

ISNA Membership Form

Please complete and mail to:

P O Box 38, Plainfield, IN 46168

Tel: (317) 839-1811 Fax: (317) 839-1840

Please Print Clearly .

Name:	Spouse Name:	
Address:		Apt/Ste:
City:	St./Prov.:	Zipcode:
Phone: ()	Fax: ()	
Profession:	Education:	
E-Mail:		
Membership: \$50 Per Year (I Method of Payment: Chec Credit Card Number: Expiration Date: -	Husband & Wife) k Money Order Visa Actual Name on Card:	MC AMEX DISCOVER
Signature:		Date:
For Office Use Only		
Form Received on:	Membership Processed:	
Membership kit sent on:	By	