



# Muslim Community Center – East Bay (MCC)

5724 West Las Positas Blvd, Suite 300 Pleasanton, CA 94588

Phone: 925-485-1786 | Email: [membership@mcceastbay.org](mailto:membership@mcceastbay.org)

## MEMBERSHIP APPLICATION

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** (Cell) \_\_\_\_\_ (Alternate) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MEMBERSHIP CLASS:**                      **FAMILY ( )**                      **SINGLE ( )**

**MEMBERSHIP DUES:** FAMILY & SINGLE: \$50/Month\*\* or \$600/Annually\*\*. All dependent members of family living in one household, not independently earning, are included in one Family Membership.

*\*\*To request a hardship reduction or a financial waiver, please email us at [membership@mcceastbay.org](mailto:membership@mcceastbay.org).*

**RESIDENCY:** Are you a citizen or permanent resident?    Yes    No

How long have you lived in the Tri-Valley or surrounding East Bay Area? \_\_\_\_\_

**FAMILY INFORMATION:** (Must be furnished for each FAMILY MEMBER)

**SPOUSE'S NAME:** \_\_\_\_\_

**SPOUSE'S EMAIL:** \_\_\_\_\_

**CHILDREN:** (your legal dependents only)    NAME, AGE & GENDER

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**YOUR PARENT'S NAME:** (if living in same household) \_\_\_\_\_

**APPLICANT'S STATEMENT:** I agree to abide by the decisions of the MCC Board of Directors as to the disposition of this Membership Application. If admitted to membership, I agree to be governed by the Bylaws of the Muslim Community Center – East Bay, Pleasanton, California.

### **PAYMENT INFORMATION:**

Please note that MCC's preferred membership payment method is via **monthly ACH DIRECT DEPOSIT**. MCC will deduct your \$50.00 monthly dues from your checking account on the 15<sup>th</sup> of each month. Your annual tax-deductible membership totals **\$600.00** (\$50.00 X 12 months).

### **AUTHORIZATION FOR DIRECT DEPOSIT**

I, (We) hereby authorize Muslim Community Center – East Bay, herein after called "MCC", to initiate debit entries to my (our) account at the Financial institution named below, hereinafter called "Depository":

**AMOUNT TO BE DEBITED:**     **\$600.00/once**     **\$50.00/monthly**

**Please attach a void check.**

This authority is to remain in full force and effect until MCC and Depository have received written notification from me (or either of us) of its termination no later than the 10th of the month prior to debiting our account on the 15th.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send your completed application along with void check to [membership@mcceastbay.org](mailto:membership@mcceastbay.org).**

**Please note that MCC has the right to reject any application based on its bylaws.**