

LAENC MEMBERSHIP REGISTRATION FORM

Please Fill in All Information

1. Applicant's Name

Last	First	Middle Initial

2. Gender

Male Female

3. Mailing Address

No.	Street	City	State	Zip
			NC	

4. Phone

Home	Work	Cell

5. E-Mail Address

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6. Period of Residency in Eastern NC

Years	Months

Signature: _____

Date: _____

PS. You are kindly encouraged to donate any amount of money for the Masjid when you submit this form.