



Islamic Society of Central Jersey (ISCJ)

4145 Route 1 South and Promenade Blvd, Monmouth Junction, NJ 08852-0628 Phone: 732-329-6995

2026 FAMILY MEMBERSHIP APPLICATION FORM

Family, Family Sr (65+)

Application Type

Renewal

New

New applicants are required to provide at least one reference of a current ISCJ voting/ Founding Member (see bottom of form)

Membership Coverage & Annual Fees

Senior Family Membership (65 years and up)

\$200.00

Family Membership

\$450.00

Suggested donation - Endowment Fund, \$25.00

\$

Suggested donation - Security Fund, \$25.00

\$

Total Payment

\$

Payment Method

• For Checks / Venmo / Zelle, please write "Membership" in memo

• Application Fees are non-refundable

Zelle (accounting@iscj.org)

Transaction # _____

Venmo (@ISCJ-NJ)

Transaction ID _____

Credit Card #

Expiration _____

Security Code _____

Member Details

Primary Member

First & Middle Names

Gender

Male

Female

Last Name

Email

Phone

Spouse's Gender

Male

Female

Spouse's First & Middle Names

Spouse's Last Name

Spouse's Email

Phone

Address

State

City

ZIP _____

Applicant's Attestation

The undersigned applicant(s) hereby agree and testify that:

1. I/We are over the age of eighteen (18) years
2. I/We bear witness that there is no God but Allah and Muhammad (PBUH) is His messenger
3. I/We concur with the objectives & mission of Islamic Society of Central Jersey
4. I/We will abide by the Constitution & the By-Laws as they exist & are amended
5. My/Our membership has not been terminated for cause by any Islamic Organization elsewhere
6. I/We are not under any criminal indictment
7. I/We understand that becoming a voting member entitles us to participate in ISCJ operational activities, through the Board of Trustees, the Board of Overseers, operating committees & attend all meetings, which require quorum
8. I/We are aware that ISCJ office must receive this application and full payment of the membership fees before December 31, 2025, to be eligible to vote in the elections to be held in 2026

Continue to Page 2

For Membership details, please contact MC@ISCJ.Org or visit <https://iscj.org/committees/membership/>

For Membership Status, please contact Accounting@ISCJ.Org or call 732-329-6995 Ext.3

Membership Application Form v F2025.01



Islamic Society of Central Jersey (ISCJ)

4145 Route 1 South and Promenade Blvd, Monmouth Junction, NJ 08852-0628 Phone: 732-329-6995

2025 FAMILY MEMBERSHIP APPLICATION FORM

Family, Family Sr (65+)

Children's Details

Please provide the details of the children being registered as your family members.

NUI

WES

QA

LiT

Noor-ul-Iman School Weekend School Quran Academy

Learning Islam Together (Youth Program)

Child	First & Middle Name(s)	Last Name	Age	Gender		Attending			
				F	M	NUI	WES	QA	LiT
1				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

Primary Applicant

Date

____ / ____ / 2025

Spouse

Date

____ / ____ / 2025

New Members Only

Name of Reference

Email

Phone
