



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	Membership Coverage & Annual Fees	
<input type="radio"/> Renewal	<input type="radio"/> Senior Family Membership (65 years and up)	<input type="radio"/> \$200.00
<input type="radio"/> New	<input type="radio"/> Family Membership	<input type="radio"/> \$450.00
New applicants are required to provide at least one reference of a current ISCJ voting/ Founding Member (see bottom of form)	Suggested donation - Endowment Fund, \$25.00	\$
	Suggested donation - Security Fund, \$25.00	\$
	Total Payment	\$

Payment Method
<ul style="list-style-type: none"> 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		Gender	<input type="radio"/> Male <input type="radio"/> Female
First & Middle Names	_____		
Last Name	_____		
Email	_____	Phone	_____
Spouse's First & Middle Names	_____	Spouse's Gender	<input type="radio"/> Male <input type="radio"/> Female
Spouse's Last Name	_____		
Spouse's Email	_____	Phone	_____
Address	_____		
City	State	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**

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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



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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