



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	
☐ Renewal	☐ Senior Family Membership (65 years and up)	☐ \$200.00
☐ New	☐ Family Membership	☐ \$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	
☐ For Checks / Venmo / Zelle, please write "Membership" in memo ☐ Application Fees are non-refundable	
☐ Cash ☐ Check to "ISCJ"; Check # _____	
☐ Zelle (accounting@iscj.org) Transaction # _____	
☐ Venmo (@ISCJ-NJ) Transaction ID _____	
☐ Credit Card #	
Expiration _____ Security Code	

Member Details	
Primary Member	
First & Middle Names	_____
Last Name	_____
Email	_____
Spouse's First & Middle Names	_____
Spouse's Last Name	_____
Spouse's Email	_____
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 the final messenger
3. I/We concur with the objectives and mission and policies of the Islamic Society of Central Jersey
4. I/We will abide by and are subject to by-Laws of the ISCJ, including Art. XV Dispute Resolution
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. /We understand that becoming a voting member entitles us to participate in ISCJ operational activities, through the Board of Trustees, Committees and 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 <u>December 31, 2026</u> , to be eligible to vote in the elections to be held in 2027



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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				☐ ☐	☐	☐	☐	☐
2				☐ ☐	☐	☐	☐	☐
3				☐ ☐	☐	☐	☐	☐
4				☐ ☐	☐	☐	☐	☐
5				☐ ☐	☐	☐	☐	☐
6				☐ ☐	☐	☐	☐	☐
7				☐ ☐	☐	☐	☐	☐

Signatures

Primary
Applicant

Date

____ / ____ / 2025

Spouse

Date

____ / ____ / 2025

New Members Only

Name of Reference

Email

Phone