

## Membership Form

AL BAQI COMMUNITY SERVICES OF THE NY CAPITAL DISTRICT INC.

| Section 1: Personal Information |  |                           |  |
|---------------------------------|--|---------------------------|--|
| Last Name                       |  | Date of Birth(mm/dd/yyyy) |  |
| FirstName                       |  | Gender (M/F)              |  |
| Middle Initial                  |  | Contact Number            |  |
| Any other name (Nickname)       |  | Email Address             |  |

| Section 2: Address |    |
|--------------------|----|
| Street Address     |    |
| City               |    |
| State              | NY |
| Zip/Postal Code    |    |

| Section 3. Membership Details (Select One)    |            |
|-----------------------------------------------|------------|
| Membership Type                               | Individual |
| * If you select family then fill up section 4 |            |

| Section 4. Dependent Family Member/Members Info**       |  | Date of Birth (mm/dd/yyyy) | Relationship (Spouse/Children/Parents) |
|---------------------------------------------------------|--|----------------------------|----------------------------------------|
| Family Member 1 Full Name                               |  |                            |                                        |
| Family Member 2 Full Name                               |  |                            |                                        |
| Family Member 3 Full Name                               |  |                            |                                        |
| Family Member 4 Full Name                               |  |                            |                                        |
| **Attach another page for more dependent family members |  |                            |                                        |

| Section 5 :Emergency Contact |  |
|------------------------------|--|
| Name                         |  |
| Relationship                 |  |
| Emergency Contact Number     |  |

|                                                                                                                                                    |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>Section 6 : Payment Method (Select one)</b>                                                                                                     | <b>Organization's email: abcs.nycd@gmail.com</b> |
| I authorize Al Baqi Community Services of the NY Capital District Inc. to process payment for membership fees as per the selected membership plan. |                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| By submitting this form, I hereby agree to the following terms and conditions: Membership Agreement:                                                                                                                                                                                                                                                                                                                                                        |                   |
| <ul style="list-style-type: none"> <li>- I understand that by becoming a member, I agree to abide by the rules and regulations set forth by Al Baqi Community Services of the NY Capital District Inc.</li> <li>- I acknowledge that my membership is subject to approval and can be revoked at the discretion of the Organization</li> <li>- I acknowledge that only dependent family member will get the benefit set forth by the organization</li> </ul> |                   |
| Signature & Name                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date (mm/dd/yyyy) |

| Official Use only (Select one )        |            |                               |
|----------------------------------------|------------|-------------------------------|
| Payment                                | Membership | Approved BY( Print/Type Name) |
| Membership Effective Date (mm/dd/yyyy) |            |                               |