

Islamic Society of Tampa Bay Area

7326 E. Sligh Ave Tampa, FL 33610 Phone: 813-628-0007 Fax: 628-0020

ISTABA MEMBERSHIP APPLICATION

Annual Membership Fee: \$365			□ New Member	□ Renewal
Full Name:				
Address:				
City:		State:	Zip Code	
Spouse's Name:				
Child(ren)'s Name(s):				
 Phone:		Mobile:		
Work:		Other:		
Occupation:		Spouse's:		
Email:				
		tion form, you agree to abide of the constitution article 2 se		
Signature:		Date:		
Credit card paymerAll donations are ta	check payable to IST at can be made at IS x deductible. We wil ambership includes h	TABA and keep your cancelled TABA's administration office. I gladly provide you with a reconusband, wife, and all childrent cations.	ceipt upon request.	
Office Use Only	Paid Cash	Check No.		
Begin Date:		Treasurer Signature:		