

MID-HUDSON ISLAMIC ASSOCIATION

Masjid Al-Noor, 125 All Angels Hill Road
Wappinger Falls, NY 12590 1 (845) 297-0882

Sponsorship Application

Purpose: New Sponsorship Renewal **Year:** _____

Type of Sponsorship: Family Individual

Name: Mr. / Mrs. / Ms. _____
First M.I. Last

Address: _____
Street Apartment #

_____ City State Zip Code

Phone: (_____) _____ **Email:** _____
Area Code Phone Number

For Family Sponsorship:

Spouse Name: Mr. / Mrs. / Ms. _____
First M.I. Last

The people listed below reside with me and:

1. Are my Dependent Children
2. Are my Parents/Relatives

Name	Relationship	Age

Annual Sponsorship Dues are to be paid on March 31st of each year
(please check one): Annual Individual Sponsorship: \$150 by Check/Cash
 Annual Family Sponsorship: \$300 by Check/Cash

Please make checks payable to MHIA.

I/We agree to abide by the MHIA Constitution and bye-laws, its Code of Conduct and Arbitration Rules. I/We certify that the dependents listed above are in fact residing in the address listed above.

Signature of Sponsor Date

Signature of Spouse Date
(if applicable)