MEMBERSHIP FORM (2025)
CENTRAL MOSQUE OF CHARLESTON (CMC)

1082 King Street, Charleston, SC, 29403

Fill up the application in UPPER CASE letters

NAME (First, middle, last) _____

ADDRESS _____

TEL # (HOME) _____ **(OFFICE)** _____ **CELL** _____

E-MAIL _____

Name of adult family members (18 years or above only)

1. **(Name)**_____ **(Relationship)**_____
2. **(Name)**_____ **(Relationship)**_____
3. **(Name)**_____ **(Relationship)**_____
4. **(Name)**_____ **(Relationship)**_____
5. **(Name)**_____ **(Relationship)**_____

Payment (by check or cash) **Amount $ ----------**

Signature of the applicant---------- **Date----------**

For the committee use (please give the completed and signed copy to the member)

Name of the applicant----------Date----------

Amount paid $----------

Signature_____
(Membership committee member)

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1. Please complete the form in full. Incomplete form will be rejected and the money will be donated to the mosque.
2. Annual membership fee is $20 per person per year.
3. **Residents of South Carolina** (18 years and older) are eligible for the CMC membership.
4. Please provide supporting documents to indicate your residency in South Carolina and proof of age.
5. Application must be signed and dated by **at-least one applicant**.