Muslim Association of Greater Pittsburgh

5725 N Montour Rd, Gibsonia, PA - 15044. Tel #: 724-444-0020

IN THE NAME OF GOD, THE MERCIFUL, THE BENEFICENT

2019 MAP Membership Application

MAP Members receive discounts on classes, events, tickets and more. Members also get exclusive opportunities to vote in MAP elections and proposals. So join today and make your voice heard!

Age Cutoff: Must be 18 or older for a Voting Member and 13-17 years for Associate Member
Family Members: This form can only be used for a husband and/or wife and their children (13-17 years of age)

Note: Please clearly fill in all the below fields especially the required fields to avoid losing your membership.

PLEASE PRINT

Last Name (Required)	First (Required)	MI	Occupation: (Required) Email (Required):
Last Name (Required)	First (Required)	MI	Occupation: Email:
Last Name (Required)	First (Required)	MI	Occupation: Associate Member? ☐ Email:
Last Name	First	MI	Occupation: Associate Member? ☐ Email:
Street Address (Required)			Phone Number (Required)
City (Required)	State	Zip Code	Membership Type (Required) ☐New ☐Renewal

Volunteer Information:
The MAP and your community need your help. **Offering your time and personal service is considered by Allah (swt) to be a sadaqah (charity).** Please do not hesitate to volunteer your time. By providing us with your current email address above and clicking the check box below, you will added to a special email list for volunteer opportunities at MAP and will be notified in the event of volunteer situation becomes available.
Please check one of the following:
I am willing to volunteer (depending on my availability) my services and time for a MAP event? ☐Yes ☐NO
Payment: Please make all checks payable to "Muslim Association of Greater Pittsburgh" or MAP. The completed membership form can be mailed to our address mentioned above or you can drop it of at the masjid. You can also pay online at https://us.mohid.co/pa/pittsburgh/map/masjid/online/donation Please visit our website www.mapitt.org to learn more about the organization.

Single/Associate Annual Membership **($50.00)** $_____

Family Annual Membership (**$150.00)** $_____

Optional Contribution/Donation $_____

Total **$**_____

Signature: _____**Date** _____

For Office Use Only			
Processed by:	Date Processed:	Database: ☐	Membership Year: