



**Islamic Center of the South Plains (ICSP)  
1419 La Salle Avenue, Lubbock, Texas 79407  
MEMBERSHIP FORM**

(Please use one form for each family member)

Family Name:	First Name, Last Name (if different): (must be at least 18 years old)
Home Phone Number: (806) _____	Cell Phone and Work Phone Numbers: _____ (C) _____ (W)
Check all that apply: <input type="checkbox"/> I lived in Lubbock for more than a year. <input type="checkbox"/> I was an associate member of ICSP for a year <input type="checkbox"/> I am a student <input type="checkbox"/> Other: (Please specify) _____ _____	Email Addresses: 1.  2.
	Signature: _____

Membership dues are \$10 per member per year, payable by cash or by check (payable to ICSP).

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