



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:

By signing this application form, you agree to abide by the rules and regulations and bylaws of the constitution article 2 section 9 no. 6 & 7

Signature:

Date:

- Membership fee is \$365.00 per year.
- Please make your check payable to ISTABA and keep your cancelled check as your receipt.
- Credit card payment can be made at ISTABA's administration office.
- All donations are tax deductible. We will gladly provide you with a receipt upon request.

Please note: Family membership includes husband, wife, and all children under 18 years only. Children over 18 should submit individual membership applications.

Office Use Only

Paid Cash

Check No. _____

Begin Date: _____

Treasurer Signature: _____