

**MANA MEMBERSHIP FORM
FOR INDIVIDUALS AND FAMILIES**

Name _____
Last Name First Name

Address _____

City _____ State _____ Zip _____

Email address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Type of Membership (Check one):

Family (\$80) _____

Individual (\$50) _____

Student (\$30) _____

Spouse: _____
Last Name First Name

Names and Ages of Children: _____

Masjid Affiliation (name of Masjid): _____

Masjid Address: _____
Street City State Zip

Do you wish to volunteer for MANA: Yes No

Send Membership Form and dues to:

MANA
P.O. Box 910375
Lexington, KY 40591