



Husseini Islamic Center

A Registered 501(c)(3) Not For Profit Organization

BURIAL ASSISTANCE PROGRAM (BAP)

Application Form

For HIC use: Membership #: _____

I/We, as member(s) of Husseini Islamic Center, hereby apply for Membership of the Burial Assistance Program (BAP) of Husseini Islamic Center.

MEMBERSHIP TYPE

I/We am/are applying for the following membership (*please tick one*):

- Option A Family Membership – 2 Lots Annual Premium \$75.00
- Option B Family Membership – 1 Lot Annual Premium \$100.00
- Option C Family Membership – 0 Lot Annual Premium \$125.00
- Option D Single Membership – 1 Lot Annual Premium \$50.00
- Option E Single Membership – 0 Lot Annual Premium \$75.00

MEMBERSHIP DETAILS

Name		
Name of Spouse		
Name and birth date (mm/dd/yyyy) of all children under the age of 21		
	Name	Date of Birth
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		



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Please note that only children under the age of 21 qualify in the Family Membership. Children over the age of 21 (even though they may be living with parents) need to apply separately.

DONATION OF THE EXTRA LOTS

Apart from the lots that I/we are using for the initiation, we would like to donate extra _____ grave lots that we fully own to HIC for the usage of anyone who is in need of it. *

** Lots fully owned by members is subject to verification*

CONSENT

I, as head of the family, hereby confirm that I have fully read, understood and comply with the Rules and Regulations of the BAP.

Attached please find my payment in the amount of _____. I understand the annual payment cannot be paid by installments.

Name

Date

Signature