



# EGACC Membership Application

## Mailing Address

P.O. Box 580426  
Elk Grove, CA 95758

Federal Tax ID: 38-3676976

CA Organization #: 2498301

Office Phone: (916) 686-9519

[www.masjidaltawheed.com](http://www.masjidaltawheed.com)

## Primary Account Holder

Membership Effective Date:		Account Number:	
Legal First Name:	Middle Name:	Legal Last Name:	DOB:
Home Address:			
City:	State:	Zip Code:	SSN:
Home Phone:		Cell Phone:	
Primary E-Mail Address:			
Secondary E-Mail Address:			

## Additional Beneficiaries – May include Spouse or Children

Full Legal Name	Relationship to Applicant	Date of Birth	SSN (Optional)

**Monthly Membership Fee: \$30.00**

**Annual Membership Fee: \$360.00**

My signature below attests that I agree with the mission of EGACC. I understand that by becoming a member of EGACC I am entitled to all right and privileges outlined in the center's bylaws. I agree to pay a monthly membership fee of \$25.00. I acknowledge that EGACC reserves the right to cancel my membership in case of failure to pay the membership fee's after a period of 6 months. **I understand children above 24 years of age do not qualify for membership on my account and should apply for an individual membership account.**

By providing the information above I agree that EGACC may make calls and/or send text messages to me at any telephone number associated with my account, including wireless telephone numbers that could result in charges to me. These calls or text messages made to you may include the use of prerecorded voice messages and/or automatic telephone dialing systems. I further agree that EGACC may send e-mails to me at any e-mail address I provide or use other electronic means of communication to the extent permitted by law. I understand my consent may be revoked at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_