Islamic Research & Humanitarian Service Center of America
Fall Class Application Form

Please Print

.Name:_____
(last) .....(first) .....(middle nitial)

Date of Birth: _____ ..... **Sex: _____**

Nationality:_____

Current Mailing Address:

_____

_____

Phone: _____ **E-Mail address: _____**

Signature _____ **Date _____**