



**INTERNATIONAL
LEAGUE of
MUSLIM
WOMEN, INC.**

MEMBER PROFILE

Please print or type clearly

Chapter _____

Name _____

Address _____ City/St./Zip _____

Phone Numbers: Home (_____) _____ Wk (_____) _____

Fax (_____) _____ Cell (_____) _____ Email _____

(Optional) Marital Status: Single _____ Married _____ Widow _____ Div. _____ Sep. _____

Occupation: _____

Education: H.S. _____ A.A. _____ BA/BS _____ MA _____ PhD _____ LLD _____ MD _____

Field of Specialization: _____

Country of Origin: USA Citizen Yes _____ No _____ - _____

Language Skills:

Name of Language	Understand	Read	Write	Can Translate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Skill Experience: (Check all that apply)

Telephoning _____ Mailing _____ Travel Planning _____ Secretarial _____

Computer _____ Editing _____ Writing _____ Transportation _____

Public Rellations _____ Public Speaking _____ Research _____

Conference Organizing _____ Other _____

As pertains to your local chapter: (Check committees of interest)

Education _____ Social Services _____ Finance _____ Public Relations _____

Conference Organizing _____ Research _____ Cultural Critique _____

Other _____

Please identify current ISLAMIC SOCIAL SERVICES and/or EDUCATIONAL activities in your area:

In your opinion, what special needs exist in the Muslim Community? _____

Choose one of two (2) types of memberships: [] Regular Membership entitles you to vote and requires payment of dues. [] Associate Members have no vote, do not pay dues. Honorary Members are appointed, do not pay dues and cannot vote. All members assist with projects and support League activities.