



MUSLIMS FOR  
PROGRESSIVE VALUES

MEMBERSHIP APPLICATION		
Name:		
Phone:	E-mail:	
Address:		
City:	State:	ZIP Code:
Country:		
MEMBERSHIP OPTIONS		
<input type="checkbox"/> Individual Annual Membership: \$50		
<input type="checkbox"/> Student/Limited-Income Annual Membership: \$35		
<input type="checkbox"/> Family Annual Membership: \$85 (2 adults – please list both names below)		
<input type="checkbox"/> Family Annual Membership: \$100 (2 adults + children – please list all names below)		
<input type="checkbox"/> Friends of MPV : \$ 50		
SPOUSE AND CHILDREN INFORMATION IF JOINT MEMBERSHIP		
Spouse/Partner's name:		
Child #1 name/age:	Child #2 name/age:	
Child #3 name/age:	Child #4 name/age:	
MAJOR DONOR MEMBERSHIP		
<input type="checkbox"/> Gold: \$1000	<input type="checkbox"/> Silver \$500	<input type="checkbox"/> Bronze \$250
Please make check/money order to Muslims for Progressive Values. Send check to: MPV, P.O. Box 434, Los Angeles, CA 90078. Paypal and credit card payment is available. Please see an MPV representative.		
OPTIONAL DEMOGRAPHIC INFORMATION		
(this helps us to better gauge and understand the make-up of our diverse community)		
Age:	Ethnicity/Race:	
Sectarian Affiliation (Sunni, Shia, Bohri, Ismaili, Ahmadi, Sufi, etc. or ally):		
Gender Identity:	Sexual Orientation:	
Any additional information you would like to share with us e.g. are you a convert or in a mixed faith marriage? Comments, feedback, questions?		
SIGNATURES		
Signature of applicant:	Date:	
Signature of spouse ( <i>only if for a joint membership</i> ):	Date:	

Send in the completed form with check made out to MPV to P.O. Box 434, Los Angeles, CA 90078. For information please contact MPV at: [info@mpvusa.org](mailto:info@mpvusa.org) or call 323.842.2869 (PST)