



Islamic Center of Northeast Florida

Newsletter Mailing List - Change of Address Form

Please write in **UPPERCASE (CAPITAL)** letters for better clarity.

Last Name : _____ First Name: _____ Middle Name: _____

Spouse Name (if applicable): _____ Number of Children (if applicable): _____

Old Address (if applicable): _____

New Address: _____ Apt#: _____

City: _____ State: _____ Zip-Code: _____

Home Phone: _____ Work Phone: _____ Country of Birth: _____

Important:

You must check **ONE** appropriate box from the following three options otherwise no action will be taken.

- I am already a member of Islamic Center please change my address for future correspondence.
- I am not a member of Islamic Center but like to become a member.
- I am not interested in membership but like receiving newsletter. Enter me in your mailing list.

Please fill this form in **CAPITAL** letters and place it in the donation box at the Islamic Center or mail it to the following address.

Islamic Center of Northeast Florida, Inc.
2333 St. Johns Bluff Road, South • Jacksonville, FL 32246 • USA
Phone: (904) 646-3462 • FAX: (904) 646-9044