
MEMBERSHIP FORM

*Fill out the form with capital letters with neat and clean writing and mail us on the following address:

HADI FOUNDATION LIBRARY
Attn: Syeda Baqri
3284 136th Street, Rosemount, MN 55068

Date: _____

Name: _____

Phone: _____

Address: _____

City: _____

State/Zip: _____

Annual Membership Dues: \$5.00

*Just tick one of them

New Renewal

*Readout Rules & Regulation from www.hadifoundation.com/membership.htm

I have read the Rules & Regulations of HFL and accept all the terms and condition.

Member Signature



FOR OFFICE USE ONLY

Membership No. #: _____

Reference: _____

Other Details: _____