

GARDENA BUDDHIST CHURCH

YEAR 2015 MEMBERSHIP APPLICATION FORM

Please **PRINT** and return with your check. Thank you.

SINGLE MEMBERSHIP

_____ Last Name _____ Mr. () Mrs. () Ms. () Dr. ()
 _____ First Name _____ Middle Name _____
 Name in Kanji (Optional) _____ Birth date _____ / _____ / 19
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ E-mail _____
 (Area Code) (Please Type or Print)

COUPLE MEMBERSHIP

HUSBAND

_____ Last Name _____ Mr. () Dr. ()
 _____ First Name _____ Middle Name _____
 Name in Kanji (Optional) _____ Birth date _____ / _____ / 19

WIFE

_____ Last Name _____ Mrs. () Dr. ()
 _____ First Name _____ Middle Name _____
 Name in Kanji (Optional) _____ Birth date _____ / _____ / 19

Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ E-mail _____
 (Area Code) (Please Type or Print)

Membership Dues for Year 2015

- | | | |
|---------------------------------|------------------------|-------------------------|
| <input type="checkbox"/> SINGLE | \$190 | Renewal () New () |
| <input type="checkbox"/> COUPLE | \$380 | Renewal () New () |
| Gardening Donation | \$5.00 / person / year | \$10.00 / couple / year |
| Total Enclosed _____ | | |

★ Please make check payable to:
GARDENA BUDDHIST CHURCH

Please check organization(s) you belong to:

	SINGLE or HUSBAND	WIFE
ABA	<input type="checkbox"/>	<input type="checkbox"/>
BWA	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH BOARD	<input type="checkbox"/>	<input type="checkbox"/>
DANA GROUP	<input type="checkbox"/>	<input type="checkbox"/>
DHARMA SCHOOL PARENTS	<input type="checkbox"/>	<input type="checkbox"/>
HUI AIKANE	<input type="checkbox"/>	<input type="checkbox"/>
JAPANESE SCHOOL PARENTS	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

<input type="checkbox"/> CHECK IF	(SINGLE)	
NEW MEMBER	OR	
	(H)	(W)
MEMBER NO.	_____	_____
NAME	_____	_____
DATE RECEIVED	_____	
CHECK NO.	_____	
DUES PAID	_____	_____
GARDENING FEE	_____	_____
TOTAL PAID	_____	