Seattle Chōeizan Enkyōji Nichiren Buddhist Temple
501 South Jackson Street #202, Seattle WA 98104

Membership Application

_____ _____
Name of Applicant Name of Spouse/Partner

Telephone No: (____)_____ Telephone No: (____)_____

E-mail address: _____ E-mail address: _____

Address: _____
No. Street Apt # City State Zip Code

Dependent Children:

___M ___F _____ Date of Birth _____
Name MM / DD / YYYY

___M ___F _____ Date of Birth _____
Name MM/ DD /YYYY

___M ___F _____ Date of Birth _____
Name MM /DD /YYYY

Former Buddhist affiliation if any:_____

Type of Membership: ____ Individual ____ Family

I/We will pay:

____ Monthly ($12.50)
____ Quarterly ($37.50)
____ Full year ($150.00)

____ Monthly ($25.00)
____ Quarterly ($75.00)
____ Full year ($300.00

_____ I/We would like to be notified by e-mail when the next payment is due.

Donation to temple: $_____

_____ _____
Signature Signature

Please bring or mail this form to the temple with your first payment. Make checks payable to Seattle Choeizan Enkyoji Nichiren Buddhist Temple. Do not send cash through the mail.