Seattle Chōeizan Enkyōji Nichiren Buddhist Temple

501 South Jackson Street #202, Seattle WA 98104

Membership Renewal Form

_____ _____

Name of Member 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

Type of Membership: ____ Individual ____ Family

I/We will pay:

____ Monthly ($12.50)	____ Monthly ($25.00)
____ Quarterly ($37.50)	____ Quarterly ($75.00)
____ Full year ($150.00)	____ 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.