

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	StateZip 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 (\$15.00) ___ Monthly (\$30.00)

 ___ Quarterly (\$45.00) ___ Quarterly (\$90.00)

 ___ Full Year (\$180.00) ___ Full Year (\$360.00)

Donation to temple: \$ _____

Signature	Signature
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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.