

2012 MEMBERSHIP FORM

Form type options: New Member, Name Change, Address Change, Other

Gender options: Mr., Ms., Mrs., Dr.

Member name fields: Last Name, First Name, Middle Initial, Birthdate

Spouse:

Spouse gender options: Mr., Ms., Mrs., Dr.

Spouse name fields: Last Name, First Name, Middle Initial, Birthdate

Address

Address fields: Street, City, State, Zip

Telephone #

Telephone fields: Home, Cell, Email

Children at home: (List last name if different than above)

Children name fields: Last Name, First Name, Middle Initial, Birthdate

Children relationship options: Son, Daughter

Membership Dues:

Individual Membership

Family Membership

Individual membership rates: Single or single parent with dependent children, Ages 80-84, Age 85 or older

Family membership rates: Family, One over 80 and one under 80, Both 80-84, Both 85 or older

Table with 4 columns: Membership, Semi-Annual, Quarterly, Monthly (10 payments) and rows of rates.

Check Payment Preference: Annual, Semi-Annual, Quarterly, Monthly (10 payments)

Comments: _____

MEMBER'S SIGNATURE: _____

BUDDHIST CHURCH OF FLORIN

PO BOX 292006

SACRAMENTO, CA 95829

For office use:	Date: _____	Amt Pd _____	Ck No. _____	Cash _____	Rec'd by: _____	Entered _____
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