



Vermont Zen Center

Membership Application

*Please answer each question,
using additional paper if necessary.*

Date Submitted

Name

Birth date

Mailing Address

zip

Permanent Address (if different)

Home Phone

Work

Cell Phone

E-mail

Marital Status

Name of spouse/partner

Names of children

*We like to include the names of family members in our Sangha Directory. If you prefer that we do **not** include your family, please check here*

Occupation

Employer or School

Skills or avocation (office, trade, professional, art, music, computer, etc.)

If you are you now, or have been, associated with any other religious, spiritual, or body-mind group(s)/organization(s), including other Buddhist groups, please give details.

If you have ever attended a Zen sesshin or had dokusan (private Zen instruction), please give details.

Please specify if you have attended an Introductory Workshop conducted by Sensei Sunyana Graef, Sensei Taigen Henderson, or anyone else in the Kapleau lineage.

Have you read The Three Pillars of Zen or any other of Roshi Philip Kapleau's books?

Do you do zazen?

How often?

Why do you wish to become a member of the Zen Center?

MEDICAL QUESTIONNAIRE

Zen training can be physically and psychologically rigorous. For this reason we would appreciate it if prospective members would provide some basic health information. **This information is kept strictly confidential.**

Do you have any significant medical problems? If yes, please explain.

Are you under a physician's care? If yes, please explain. *It commonly happens that someone has a significant medical problem such as hypertension or diabetes but is not seeing a doctor regularly or at all. A member with an uncontrolled chronic illness is at much greater risk to themselves and to the smooth running of an extended sitting. Therefore, please be sure to not if you have any such conditions.*

What medications do you take? *Side effects of medications might include fainting, GI upset, and fatigue. These are symptoms which could easily be construed as simply passing makyo. People on insulin might need something to eat or drink; people with heart problems might have chest pain. It is important, therefore, that you inform us of any medications you take regularly.*

Are you allergic to any medications, insects, or foods? *Food allergies are important in menu planning and in warning members away from non-obvious ingredients in meals (e.g., a sauce thickened with cornstarch).*

Have you had any major operations that affect your strength, stamina, digestion or flexibility? *It is not necessary to mention an appendectomy, tonsillectomy, pelvic surgery, or minor surgery.*

Are you now, or have you ever been, in treatment for a significant mental health problem? *It is not necessary to mention brief counseling or psychotherapy for grief, situational depression, marital problems, etc. However, please indicate whether you have been involved in long-term treatment with psychiatrists, psychologists, social workers, or other types of counselors and whether you have ever been hospitalized for psychological conditions.*

Do you currently use recreational drugs (including alcohol)? If so, please specify.

**BEFORE MAILING OR ATTACHING AS A PDF,
PLEASE CHECK THAT YOU HAVE DONE THE FOLLOWING:**

ANSWERED ALL QUESTIONS ON MEMBERSHIP APPLICATION

ANSWERED ALL QUESTIONS ON MEDICAL QUESTIONNAIRE

ENCLOSED A RECENT PHOTO (THIS CAN BE MAILED OR
SENT AS AN E-MAIL ATTACHMENT)

COMPLETED A PLEDGE FORM

ENCLOSED YOUR FIRST PLEDGE—PLEASE MAIL OR BRING YOUR
PLEDGE TO THE CENTER. WE ALSO OFFER THE OPTION OF
AUTOMATIC WITHDRAWAL FROM YOUR BANK ACCOUNT. PLEASE
LET US KNOW IF YOU ARE INTERESTED AND WE CAN SEND YOU
THE FORMS. PLEASE DO NOT MAKE MEMBERSHIP PLEDGES
THROUGH PAYPAL.

VERMONT ZEN CENTER PLEDGE FORM

The suggested pledge is \$45 per month.

I wish to make the following pledge to the Center \$ per month.

My status is Friend Member

I expect to make payments Monthly Quarterly Yearly

Please send me forms for Direct Deposit