



Trial Membership/Friend of the Center Application

Please check one:

Trial Member

Friend of the Center

Date submitted _____

Name _____

Mailing Address _____

_____ Zip Code _____

Permanent Address (if different) _____

_____ Zip Code _____

Home Phone with area code _____ Work Phone _____

E-mail address _____

Do you have any significant medical problems which might affect your participation in activities at the Zen Center? If so, please explain.
