



Date: _____

2018 MEMBERSHIP APPLICATION

Please check all that apply:

RENEWAL NEW MEMBER AFFILIATE MEMBER ADDRESS CORRECTION

Mr Ms Rev

Mrs Dr _____ Birth date _____
Full Name

Name in Kanji (optional) _____ Occupation (optional) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____ E-mail _____

SPOUSE:

Mr Ms Rev

Mrs Dr _____ Birth date _____
Full Name

Name in Kanji (optional) _____ Occupation (optional) _____

Phone _____ Mobile _____ E-mail _____

CHILDREN (Ages 26 and under are covered by Family Membership dues. Adult children over age 26 may be listed for temple reference):

Full Name	Birth date	
_____	_____	<input type="radio"/> Son <input type="radio"/> Daughter
_____	_____	<input type="radio"/> Son <input type="radio"/> Daughter
_____	_____	<input type="radio"/> Son <input type="radio"/> Daughter
_____	_____	<input type="radio"/> Son <input type="radio"/> Daughter

MEMBERSHIP DUES FOR 2018

Individual \$150.⁰⁰ (or \$ _____) Family/Couple \$300.⁰⁰ (or \$ _____)
(Family Membership dues include a primary member plus one spouse/significant other and any children ages 26 and under)

Affiliate \$70.⁰⁰ (Organization TAIKO OTHER _____)

I would like to pay by credit card. Please charge my VISA MasterCard Cardholder's Name _____

Card Number _____ Expiration Date ____ / ____ CVV2: _____

Authorized Signature _____

Please send *The Way* and other announcements by EMAIL instead of mail. Yes, go GREEN! No, thank you.

I would like to participate in temple programs. Yes No