



Date: \_\_\_\_\_

## 2017 MEMBERSHIP APPLICATION

Please check all that apply:

RENEWAL  NEW MEMBER  AFFILIATE MEMBER  ADDRESS CORRECTION

Mr  Ms  Rev

Mrs  Dr \_\_\_\_\_  
Full Name Birth date

Name in Kanji (optional) \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

### SPOUSE:

Mr  Ms  Rev

Mrs  Dr \_\_\_\_\_  
Full Name Birth date

Name in Kanji (optional) \_\_\_\_\_ Occupation (optional) \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

### CHILDREN:

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 2017

Individual \$150.00 (or \$ \_\_\_\_\_)  Family/Couple \$300.00 (or \$ \_\_\_\_\_)

Affiliate \$70.00 (Organization  TAIKO  ODORI  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