



Vermont Zen Center

PLEASE ATTACH  
A CURRENT  
PHOTO

## 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 \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of spouse/significant other \_\_\_\_\_

Names of children \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer or School \_\_\_\_\_

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\_\_\_\_\_

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

\_\_\_\_\_

Have you ever attended a Zen sesshin or had dokusan (private Zen instruction)? \_\_\_\_\_  
If yes, please give details. \_\_\_\_\_

Have you attended an Introductory Workshop conducted by Sensei Sunyana Graef, Sensei Taigen Henderson, or anyone else in the Kapleau lineage? \_\_\_\_\_  
Please specify. \_\_\_\_\_

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

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Do you do zazen? \_\_\_\_\_ How often? \_\_\_\_\_

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

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## 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.

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**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.*

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**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.*

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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 corn-starch).*

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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.*

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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.*

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

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**BEFORE MAILING PLEASE CHECK THAT YOU HAVE DONE THE FOLLOWING:**

- ANSWERED ALL QUESTIONS ON MEMBERSHIP APPLICATION
- ANSWERED ALL QUESTIONS ON MEDICAL QUESTIONNAIRE
- ENCLOSED A RECENT PHOTO
- COMPLETED A PLEDGE FORM
- ENCLOSED YOUR FIRST PLEDGE