



Vermont Zen Center

Application for Trial Member or Friend of the Center

This application is for (please check one):

Trial Member Friend of the Center

Name _____ Date submitted _____

Mailing Address _____

_____ Zip Code _____

Permanent Address (if different) _____

_____ Zip Code _____

Home Phone with area code _____ Cell _____

Email address _____

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