



For Office Use:		
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Application for Trial Member or Friend of the Center

This application is for (please check one):

Trial Member Friend of the Center

Date of the **Introduction to Zen Workshop** you attended: _____

Name _____ Pronouns _____ 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.

There is no charge for Trial Membership.