

THE CLEAR WATER ZEN CENTER



Membership Application

Name _____ Date of Birth _____

Mailing address _____ ZIP code _____

Home telephone _____ Cell telephone _____

Email address _____

Married/Partnered? Yes ___ No ___ Number of children ___

Occupation _____

Employer or school _____

Emergency contact _____

Their home and/or cell phone _____

Skills, hobbies _____

Do you have any physical limitations that might make sitting in meditation especially difficult? If yes, please describe _____

Do you have a meditation practice of your own? If so, please describe _____

How did you hear about us? _____

Signature _____ Date _____

Membership suggests taking some responsibility for the financial viability of the Zen Center.

Therefore we ask

members to commit to making a regular financial contribution. If you are not able to donate at this time, please make note of that below. The amounts listed are those recommended.

DONATION PLEDGE

___ \$20.00 Monthly

___ \$100.00 Monthly

___ \$50.00 Monthly

Other Amount \$ _____

___ \$75.00 Monthly

___ I'm unable to contribute at this time

Donations can be made monthly, quarterly, semi-annually, or annually.

The Clear Water Zen Center, 2476 Nursery Road, Clearwater, FL 33764, (941) 723-9327
THE CLEAR WATER ZEN MEDITATION GROUP, INC. is a 501(c)(3) charitable organization. All donations are tax deductible.