

PLEASE ATTACH
A CURRENT PHOTO



Vermont Zen Center

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 _____

Cell Phone _____ E-mail _____

Marital Status _____ Name of spouse/partner _____

Names of children _____

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

Occupation _____

Employer or School _____

Skills or avocation (office, trade, professional, art, music, computer, etc.) _____

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.

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.*

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 makyō. 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.*

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 cornstarch).*

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.*

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.*

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

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