

For Of	fice 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
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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.