

ZEN CENTER SAN DIEGO MEMBERSHIP APPLICATION

Name: _____ Gender: _____ Birthdate: _____

Address: _____
street city state zip+4

Home phone: _____ Work/mobile phone (optional): _____

Emergency Contact: _____ Phone: _____

Address: _____

Married? _____ (Y/N) E-Mail Address: _____

Field of Study/Occupation: _____

Other experiences, interests: _____

Previous meditation experience (type, teachers, length of time): _____

Length of time coming to ZCSD: _____ Phone student (Y/N): _____

How often do you come to ZCSD: _____

Have you ever been hospitalized or medicated for psychological or emotional reasons? (yes/no): _____

Have you ever attempted suicide? (yes/no): _____

Have you been in therapy/counseling during the past two years? (yes/no): _____

If the answer to any of the above questions is "yes," please give details on the back of this page or on a separate confidential paper (give to teacher).

Type of membership for which you are applying:

_____	FOUNDING	\$45/month
_____	PRACTICING	\$30/month
_____	FAMILY PRACTICING	\$45/month
_____	STUDENT/SENIOR	\$20/month
_____	AFFILIATE <i>(live at a distance, come irregularly, or phone student)</i>	\$15/month
_____	FAMILY AFFILIATE	\$20/month

Names of other family members included in family membership: _____

Please read the Membership Information sheet. Please enclose the first two months' dues with this application. Make checks payable to Zen Center San Diego. After you are notified that your application has been accepted, you may begin individual interviews with a teacher and other membership options.

I hereby state that the information above is correct, and that I have not withheld any pertinent information. I understand that Zen practice is for persons who take full responsibility for their physical, mental, and emotional health. I understand that it is my responsibility to seek appropriate treatment elsewhere for any medical condition (physical, mental, or emotional) that I may have.

Legible signature

Printed name

Date