

# West Los Angeles Buddhist Temple

2003 Corinth Avenue, Los Angeles, CA 90025

Phone: (310) 477-7274 Fax: (310) 477-6674



## 2010 MEMBERSHIP APPLICATION FORM

(see reverse side for membership application explanation)

### Individual Adult Membership:

**\$120.00** for Regular Membership, **\$175.00** for Sustaining Membership

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

### Spouse or Significant Other Membership:

**\$120.00** for Regular Membership, **\$175.00** for Sustaining Membership

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

### Family Membership:

Family members up to 25 years of age are included.

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Student Membership:

**\$25.00** for Students up to 25 years of age.

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

### Member Business or Employer Information:

Business or Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website or Email Address: \_\_\_\_\_

### Donation (see reverse)

Specify donation destination or for whom the donation is made: \_\_\_\_\_ .00

Total Enclosed: .00

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