

2024 MEMBERSHIP APPLICATION FORM

**Individual Adult Membership:**  Renewal  New Member

**\$225.00** for Regular Membership, **\$300.00** for Sustaining Membership

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

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

City, State Zip: \_\_\_\_\_

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

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

Would you like to receive your WLABT Newsletter by email?  Yes  No

Would you like to receive a 2025 BCA calendar (one per household)?  Yes  No

**Spouse or Significant Other Membership:**  Renewal  New Member

**\$225.00** for Regular Membership, **\$300.00** for Sustaining Membership

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

Would you like to receive your WLABT Newsletter by email?  Yes  No

**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:**  Renewal  New Member

**\$75.00** for Students up to 25 years of age.

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

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

City, State, Zip: \_\_\_\_\_

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

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

Would you like to receive your WLABT Newsletter by email?  Yes  No

**Would you like to volunteer on a temple committee?**  Yes  No

Please list your occupation or work experience: \_\_\_\_\_

\_\_\_\_\_

**Special Donation:**

Specify donation category or for whom the donation is made: \_\_\_\_\_

**Check payable to: WLA Buddhist Temple**

**Mail to: WLABT c/o Membership, 2003 Corinth Ave., Los Angeles, CA 90025**

**Office Use Only:** Total Enclosed: \_\_\_\_\_ Check No. \_\_\_\_\_ Member No. \_\_\_\_\_