## Membership Form



JOIN ONLINE AT www.sfzc.org

NAME						
Address						
Сіту		STATE		ZIP		
HOME PHONE		Vork Phone	CELL PHONE			
EMAIL		O Please conserve resources and only contact me by email				
I would like to b	pecome a memb	er and contribu	te the following	amount:		
O DHARMA STREAM	O DHARMA SKY	O DHARMA MOUNTAIN	O DHARMA LAMP	O DHARMA PILLAR	O OTHER	
\$10/month \$120/year	\$20/month \$240/year	\$30/month \$360/year	\$50/month \$600/year	\$100/month \$1,200/year		
I will pay: O	Annually OQ	Quarterly OM	lonthly			
O Please autom	natically renew n	ny membership u	until I notify yo	u otherwise		
I practice prima	arily at (Choose or	ne): O Tassajara	a O City Cen	ter O Green (	Gulch Farm	
O Membership	includes my par	rtner:				
PARTNER'S NAME						
O Enclosed is n	ny check made p	ayable to San Fr	ancisco Zen Ce	nter		
Please charge m	y: O Visa	O MasterCard				
CARD NUMBER				EXPI	EXPIRATION DATE	
Signature				CVV	CVV CODE	
		sangha-e!, Zen Co ive it, please che	•	e-newsletter.		
Please contact n		•				
O My employer	s's matching gift	program				
O Making an A	· ·					
<ul><li>Remembering</li><li>Making a gift</li></ul>	O .	Zen Center in	my will			
O Volunteer op						
1	-					

Please return this form to: San Francisco Zen Center, Attn: Membership, 300 Page Street, San Francisco, CA 94102 Membership contributions are tax-deductible to the extent allowable by law.