



## Zen Center of Syracuse Sangha Membership Information

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Your Date of Birth \_\_\_\_\_ Name of spouse or partner, if any \_\_\_\_\_

What is your line of work? \_\_\_\_\_

What brought you to the Zen Center of Syracuse? \_\_\_\_\_

\_\_\_\_\_

When did you start doing zazen here? \_\_\_\_\_ Indicate practice: Zen \_\_\_\_\_ Tibetan \_\_\_\_\_ Both \_\_\_\_\_

Have you done zazen with another sangha? \_\_\_\_\_ If so, with what teacher and when?

\_\_\_\_\_

If you have participated in a Sesshin (Zen retreat), where and when?

\_\_\_\_\_

Have you received the precepts? \_\_\_\_\_ If so, with whom? \_\_\_\_\_ When? \_\_\_\_\_

And what is your Dharma name? \_\_\_\_\_

If you have any physical and/or psychological conditions you'd like to share with us so that we can better support you in your practice, please list that information here or, if you prefer, speak to Shinge Roshi. This includes regular meditations.

\_\_\_\_\_

What skills might you have to offer to benefit the Zen Center? \_\_\_\_\_

There are four committees: Development, Facilities, Program and Youth. Would you be willing to serve on or assist one of them and, if so, which?

\_\_\_\_\_

Member support the Zen Center through monthly contributions, end-of-year donations, other gifts, and volunteer work. Monthly support is determined by each member's income. We suggest a minimum contribution of at least \$10 per month for every \$10,000 of annual income or as your current situation allows. All members receive special rates for Sesshin and other programs. Those who practice on a regular basis are eligible to become Shinge Roshi's students, receiving personal guidance through dokusan.

**TO COMPLETE THIS APPLICATION**, please go to [www.zencenterofsyracuse.org/membershipsupport](http://www.zencenterofsyracuse.org/membershipsupport) and submit your membership support. Please sign below once this final step is completed and return this form to the Zen Center of Syracuse. If you do not have Internet access, please indicate monthly support here: \$ \_\_\_\_\_, otherwise please use online form..

\_\_\_\_\_  
Signature