



ZEN CENTER OF LOS ANGELES / BUDDHA ESSENCE TEMPLE

923 South Normandie Avenue, Los Angeles, CA 90006-1301

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MEMBERSHIP APPLICATION

Thank you for your interest in the Zen Center of Los Angeles!

Upon receiving your application someone from the Membership Circle will contact you to provide you with additional information about what it means to be a member of the Zen Center of Los Angeles.

PERSONAL INFORMATION:

1. Name:	2. Sex:
3. Street:	
4. City:	
5. State:	6. Zip Code:
7. Phone (Day): (Eve):	
8. E-mail:	
9. Fax:	
10. Date of Birth:	
11. Marital Status:	
12. Name of Spouse or Partner, if applicable:	
13. Children (Names & Ages):	

<p>MEMBERSHIP CATEGORY: (please select)</p> <p>(A)</p> <p><input type="checkbox"/> Sustaining (\$220/month; \$270/family)</p> <p><input type="checkbox"/> Supporting (\$110/month; \$160/family)</p> <p><input type="checkbox"/> Practicing (<i>includes Residents</i>) (\$65/month; \$85/family)</p> <p>(B)</p> <p><input type="checkbox"/> Affiliate (<i>includes Students & Seniors</i>) (\$40/month; \$50/family)</p> <p>(C)</p> <p><input type="checkbox"/> Corresponding (\$20/month)</p> <p>Method of payment (please check):</p> <p><input type="checkbox"/> Monthly check</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Credit Card (Please contact the ZCLA office with your Credit Card number.)</p> <p>D)</p> <p>Membership start date _____</p>

EDUCATION:

1. Highest Grade completed:
2. College/University Degree:
3. Languages (fluent):

WORK EXPERIENCE:

1. List three most recent jobs, including your present work:			
	Job Title	Name of Business	Dates (approx)
2. Do you do volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:			
3. Are you interested in volunteering at the Zen Center? If so, what is your area of interest: <input type="checkbox"/> Cooking <input type="checkbox"/> Gardening <input type="checkbox"/> Computer <input type="checkbox"/> Fundraising <input type="checkbox"/> Business Organization <input type="checkbox"/> Shared Stewardship Circles (See Zen Center Mandala at www.zcla.org) <input type="checkbox"/> Other: _____			

PRACTICE INFORMATION:

1. Do you have meditation experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long, what type of meditation and do you still do this practice? _____ _____
2. Have you made a formal commitment to be a student of a Dharma teacher? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give us the name and contact information of the teacher (name, address, phone number, email):
3. Have you received the precepts (Jukai or Tokudo)? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where? Who was your preceptor?

PHYSICAL & PSYCHOLOGICAL HEALTH:

1. How would you rate your general physical health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
2. Do you have any limiting health problems that you're aware of that we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
3. How would you rate your general psychological and emotional health? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
4. Have you ever been in psychotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
5. Have you ever been hospitalized for psychiatric treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when & where?			
6. In case of emergency while at the Zen Center, who should we contact?			
Name	Address	Phone	Relationship

ZEN CENTER:

1. How did you hear about the Zen Center of Los Angeles?
2. Have you completed Zen Practice 1 (ZP1) <input type="checkbox"/> Yes <input type="checkbox"/> No, Zen Practice 2 (ZP2) <input type="checkbox"/> Yes <input type="checkbox"/> No and Zen Practice 3 (ZP3)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Why are you interested in becoming a member of this Zen Center?

DISCLAIMER AND RELEASE:

Participants in the training programs at Zen Center of Los Angeles may find some aspects of the programs physically or mentally demanding. The programs include physical work and certain other requirements. I understand that I may freely decline to participate in any work which in my sole judgment might be dangerous to my health. I also understand that I may speak with a teacher or senior practitioner at Zen Center to address any difficulties I might have.

I understand that my physical, mental, and emotional well-being are my own responsibility and I further understand as a Member that Zen practice and ZCLA programs are not a substitute for therapy. I represent that I am receiving any treatment I consider appropriate, in consultation with medical or psychology professionals of my choice, for any medical or psychological condition(s) I have, and I have disclosed information in this regard on this form. Accordingly, I hereby release Zen Center of Los Angeles, its officers, directors, staff and teachers from any injury sustained by me as a Member in the course of participation in ZCLA programs.

Further, I hereby indemnify, agree to defend and hold Zen Center of Los Angeles, its officers, directors, staff and teachers (collectively, "ZCLA"), harmless from and against any and all claims, actions and causes of action, injuries (including without limitation physical, financial, legal and reputational injuries), damages, costs, expenses and losses sustained by ZCLA arising from my conduct or my participation and any other ZCLA program in which I participate.

Please sign and date this form.

Signature

Print name

Date