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|-----------------------------|------------------------------|-------|
| <b>For Office Use:</b>      |                              |       |
| <input type="checkbox"/> ml | <input type="checkbox"/> e-s | _____ |

## Application for Trial Member or Friend of the Center

*This application is for (please check one):*

Trial Member       Friend of the Center

Date of the Introductory Workshop you attended: \_\_\_\_\_

Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone with area code \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Do you have any significant medical problems which might affect your participation in activities at the Zen Center? If so, please explain.

\_\_\_\_\_

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*There is no charge for Trial Membership.*