

## 2020 MEMBERSHIP APPLICATION FORM

**Individual Adult Membership:**    Renewal       New Member

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

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

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

City: \_\_\_\_\_

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

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

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

Would you like to receive a 2021 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: \_\_\_\_\_

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: \_\_\_\_\_

**Student Membership:**    Renewal       New Member

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

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

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

City: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

**Special Donation** (see reverse)

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. \_\_\_\_\_