

2021 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. _____