New Member [Name/Adress Chang	e	nnual Renewal	Other	r	
Last Name Telephone #	First Name		Middle Initial		Birthdate	
Home Spouse		Cell		Email		
Last Name Telephone #	First Name	:	Middle Initial		Birthdate	
Address		Cell		Email		
Street		City		State	Zip Code	
Children at home under a	ge 25: (List last name if dif	ferent than ab	oove)			
Last Name	First Name	Middle Initial	Birthdate	е		
					Son	Daughte
					Son	Daughte
					— ☐ Son	Daughte
					Son	Daughte Daughte
This information w	ill be published in t	he churcl	n directory.			
Membership Dues:						
New Member (1s	st year)		\$150 per adul		ple/family	
New Member Ages 80 - 84 (1st year)			\$100 per adult			
	es 85 and over (1st ye	ear)	\$ 50 per adul			
Member Renewa Member Renewa			\$100 per pers \$280 per pers			ole/family
Member Renewa			\$190 per pers		•	no raining
	al Ages 85 or older		\$100 per pers			
Check Payment Preferer Checks must be made Check if paying via PayF	out to BUDDHIST CHU	RCH OF FL	ORIN or the bank	will return	the check.	
Comments:						
MEMBER'S SIGNATUR	E:					
Membership dues are pa	ayable/due in January 20)25. If joining	g mid-year, yearly	dues are pro	o-rated for 20)25.
For office use: Date:	Amt Pd	Ck No.	Cash	Rec'd by	/:	Entered