



ROCHESTER ZEN CENTER
A BUDDHIST COMMUNITY

Membership Application

*In order to help us identify you, please attach a recent photograph to this application.
Also, please enclose your completed pledge form and initial membership contribution.*

PLEASE PRINT CLEARLY

Full name _____ Date of Birth _____
(month/day/year)

What name do you go by? _____

What pronouns do you use? (e.g., she/her, he/him, they/them) _____

Mailing Address _____ Zip Code _____

Permanent address *(if different)* _____

Phones (H) (_____) _____ (W) (_____) _____ (C) (_____) _____

E-mail address _____

Relationship status (e.g. single, married, partnered) _____

Number of children _____ Ages _____

Employer or school _____

Occupation _____

In emergency contact _____ Best phone to reach: (_____) _____
(name)

Skills and avocations *(office, trade, professional, artistic, etc.)* _____

Please list any present or past association with other religious or spiritual groups, including Buddhist groups.

Please describe meditation retreats you have attended or private Zen instruction that you have received.

If you have attended an Introductory Workshop or Introduction to Practice conducted by Roshi Kjolhede, Roshi Kapleau, or one of their senior students, please give the date and location. _____

If you have previously been a member of the Rochester Zen Center, please state when. _____

Have you ever read *Three Pillars of Zen*, *Zen: Merging of East and West*, or *Zen: Dawn in the West*? _____

If you currently do zazen (Zen meditation), please state how often and for how long. _____

Please state why you wish to become a member of the Rochester Zen Center. _____

Please answer the following medical questions to help us understand any difficulties that may arise in your meditation practice (feel free to use an additional sheet of paper if necessary). This information will be kept confidential. Please notify the Head of the Zendo if any of your answers change after you submit this application.

Briefly describe any medical or psychiatric conditions you have that require regular care or medication.

Are you in psychotherapy at this time? _____

List any hospitalizations or major surgeries you have had and give their approximate dates.

List any medications you are currently taking under a doctor's prescription, and the reasons for their use.

Describe any significant problems you are having with your back or legs. _____

Are there any accommodations we should be aware of? (e.g., ASL, wheelchair access) *Note: If you have a food allergy and attend an RZC event where food is being served, you should check directly with the Head Cook to confirm ingredients.*



The Center's Board of Trustees occasionally allows an organization such as the Buddhist Peace Fellowship to use the Center's mailing list. If you prefer to be excluded from such mailings, please check here:

Enclosed with this application are:

- A recent photograph
- A completed pledge form
- An initial membership contribution of \$ _____

Signature _____ **Date** _____