

BUDDHIST TEMPLE of SAN DIEGO 2023 MEMBERSHIP FORM (V. 1.2)

A. Member Names(s)

1: Mr Ms Mrs _____

2: Mr Ms Mrs _____

Second page for signatures, updates of contact info, or Credit Card if needed.

B. Annual Dues = SAME AS LAST YEAR or change below.

Ind. = Individual

FC = Family or couple membership

Level	Bodhi*		Wisteria		Dana		Senior Discount	
	Ind.	FC	Ind.	FC	Ind.		Ind.	FC
Adults			600	1200	336	576	180	360
Amount								

*Write in amount for **Bodhi**, meant for more generous donors.

C. Program Donations = SAME AS LAST YEAR or change below.

Programs	Floral	Gardening	Minister's Assistants	Dharma School	Scholarships	TOTAL
Recommended	40	40	40	20	20	160
Or Other						

Please total program donations in far-right column.

D. Please Total B and C

B + C = _____ 2023 Membership plus Program Donations

E. Payment Frequency / Payment Amount (We'll Do the Math)

- | | |
|---|--|
| <input type="checkbox"/> All at once / 100% of total at D | <input type="checkbox"/> Quarterly / 25% of total at D |
| <input type="checkbox"/> Twice / 50% of total at D | <input type="checkbox"/> Monthly / 8.3% of total at D |
| <input type="checkbox"/> Other, same as last year. | |

F. Payment Method

- Check PayPal (use donation link "GIVE" on Website)
- Credit/Debit you have on file. Credit/Debit detail as shown on form overleaf

Form continues for signature, REQUIRED; updates or CC information, if needed. See following page

Question? Call Member Chair Bill Teague at 619-248-3749 or Temple at 619-239-0896.

Form significantly abbreviated. Full form still available; we can mail or download from website.

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G. Circle SAME AS LAST YEAR or Update as Needed.

Member 1 Occupation: _____ Birthdate _____

Email address: _____ Preferred phone: _____

Member 2 Occupation: _____ Birthdate _____

Email address: _____ Preferred phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

H. Newsletter Preferences: Same OR NEW: Print Email Both

I. CREDIT CARD AUTHORIZATION if desired

- **Members or sponsors paying by credit or debit card** are authorizing its use for automatic renewal with specific account information as follows.
 I/we opt out of automatic renewal
- Members can change preferences at any time.

If paying by credit or debit card, please complete this part of the authorization.

___ Mastercard ___ Visa ___ AMEX. Acct # _____ Expires (MM/YY) ___/___

Billing Address (if different from your mailing address on the reverse, write street address and ZIP code.)

REQUIRED: Authorized Signature

Member 1. _____

Member 2. _____

A percentage of your dues supports the Buddhist Churches of America or BCA, our national organization.

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