

BUDDHIST TEMPLE of SAN DIEGO 2023 YOUTH MEMBERSHIP (v. 1.0)

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. Youth Membership Rate

Discounted rate in the row "Youth." Circle the rate, or if you prefer to pledge a higher level, please use the row "Dana," Sanskrit for gift or giving.

<i>Level</i>	<i>Per Youth</i>		<i>Total B</i>
	<i>One</i>	<i>Two</i>	
<i>Youth</i>	180	360	
<i>Dana</i>			

C. Optional Program Donations

The Temple encourages but does not require donations dedicated to these purposes. Both "Usual" and "Youth" donations are suggested amounts only. You can circle any amount shown or enter your custom amount at "Other." We try to provide flexibility and options for you in such decisions.

<i>Programs</i>	<i>Floral</i>	<i>Gardening</i>	<i>Minister's Assistants</i>	<i>Dharma School</i>	<i>Scholarships</i>	<i>TOTAL C</i>
<i>Usual</i>	40	40	40	20	20	160
<i>Youth</i>	10	10	10	5	5	40
<i>Other</i>						

Please total program donations in far-right column.

D. Please Total B and Total C

B + C = _____ 2023 Youth Membership plus Optional Program Donations

E. Payment Frequency / *Payment Amount*

- All at once / 100% of total at D
- Twice / 50% of total at D
- Other, please contact us to arrange.
- Quarterly / 25% of total at D
- Monthly / 8.3% of total at D

F. Payment Method

- Check
- PayPal (use "GIVE" link on Website)
- Credit/Debit add on next page.

FORM CONTINUES following

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. Member Information (or Update if 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: 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.)

Payor's Authorized Signature Required

Member 1. _____

Member 2. _____

Benefits include a year's subscription to a printed copy of our monthly newsletter, the Bussei Script, or by email link if you prefer. THANK YOU!

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