



# Northern California Koyasan Temple

1400 U Street  
Sacramento, CA 95818-1417

## 2021 Membership Form

New Member       Renewing Member

### PRIMARY MEMBER

Circle one:

- Mr.
- Mrs.
- Ms.
- Dr.

Address: \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

Contact Information:

_____	- Home Phone _____
_____	- Cell Phone _____
_____	- Fax _____
_____	- Email Address _____

### SPOUSE/PARTNER & FAMILY

Circle one:

- Mrs. Ms.
- Mr. Dr.

\_\_\_\_\_ Last Name First Name

### CHILDREN AT HOME: *(List last name if different than above)*

Last Name	First Name		
_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
_____	_____	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter

### ANNUAL MEMBERSHIP FEES

- \$150 for individuals
- \$250 for two adults in a household
- 300 per family (includes spouse/partner & all children under 21 years of age)

Please remit this completed form with your payment (*checks preferred*) to:

N.C. Koyasan Temple  
1400 U Street  
Sacramento, CA 95818-1417

### THANK YOU FOR YOUR SUPPORT!

For office use:      Cash       Rec'd by: \_\_\_\_\_      Date: \_\_\_\_\_  
 Check No. \_\_\_\_\_